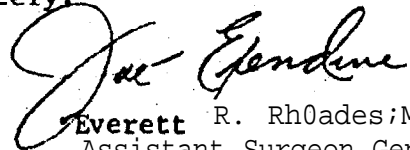

BACKGROUND

This transmittal forwards revised pages to Appendix IX (page 1) and Appendix III (pages 1 and 2) to Part 4, Chapter 3, Section 1 of the Indian, Health Manual. This is effective immediately.

This revision requires the following specific diseases, Genital herpes, oral herpes (herpetic gingivostomatitis) and ocular herpes (herpes simplex with ophthalmic complications) to be recorded as write-in entries on the Ambulatory Patient Care Report Form and modifies the write in Notifiable Disease List. The Centers for Disease Control, PHS.DHHS has published a "report" supporting the contention that an epidemic of genital herpes infection occurred in the United States from 1966 to 1979. (Morbidity and Mortality Weekly Report, March 26, 1982, Vol.31, No. 11, CDS, PHS, DHHS). This revision will permit the Indian Health Service to monitor ambulatory visits for these three varieties of herpes simplex now identified separately.



Everett R. Rhoades; M.D.
Assistant Surgeon General
Director, Indian Health Service

MATERIAL TRANSMITTED

Appendix II, Page 1.
Appendix III, Pages 1 and 2.

MATERIAL SUPERSEDED

Appendix II, Page-1.
Appendix III, Pages 1 and 2.

DO NOT REMOVE APPENDICES I AND IV.

MANUAL MAINTENANCE

Remove superseded material transmitted September 10, 1981, under TN No. 81.5 and file the attached pages in their proper sequence.

Distribution: PHS 110-129 Tab d

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4-3.1 AMBULATORY PATIENT CARE SERVICES (OUTPATIENT)A. Purpose

This section establishes Indian Health Service policy, procedures, and scope of reporting on outpatient medical services provided to Indian and Alaska Native people or others and will be known as "Ambulatory Patient Care Reporting."

B. Use of "Ambulatory Patient Care Report" System

All health service staff in IHS facilities (hospital, health center, school health center, health station and satellite field locations) shall maintain this Ambulatory Health information system, as described herein, to effectively manage their operation.

1. Each physician, nurse, and/or other paramedical staff member, who is-primary provider of a health related service, shall be responsible for recording the ambulatory health services provided to the patient upon which the statistical count will be based. See Exhibit 4-3.1B.1 for sample copy of form HSM-406 (Rev. 7-73).
2. The report form shall be used to record physician or physician-ordered services at IHS facilities, it patient's home and at other locations, except for "Grouped Services". (Refer to Part 4-3.1D.1.)
3. Indians and Alaska Natives only who were screened in 'Grouped Services' and found to have specific abnormal findings shall be reported on an individual "Ambulatory Patient Care Report" form. (Refer to Part 4-3.1G.)
4. The "Ambulatory Patient Care Report" Form HSM-406 (Rev. 7-73) is not to be used if there is not a patient care activity which is identifiable by a problem or clinical impression listed on the reverse of the form or accidental injury, tuberculosis, or prenatal care on front of the form. Family planning visits, immunizatfon visits, and visits to pharmacist, if condition for which the medication dispensed is unknown shall **not require a** diagnosis on the APC form.
5. Nursing Services (includes Public Health Nursing, School Nursing, and Clinic Nursing except hospital outpatient) will utilize the "Ambulatory Patient Care Report" form as follows:
 - a. During a field clinic or nursing' conference where a member of Nursing Services (see above) is the "primary" provider of service. In addition, Nursing Services should complete one "CHA Daily Service Report" form noting the type of activity as "clinic" and the "time spent" in the clinic.

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4-3.1.B continued)

6. Nursing Services (includes Public Health Nursing, School Nursing, and Clinic Nursing except hospital outpatient) will not utilize the "Ambulatory Patient Care Report" form in the following circumstance:
 - a. Specific referral from physician to Nursing Services personnel (see above) for a home visit. (This fits the criteria of an Ambulatory Patient Care visit; however, it is an exception to the rule.) Fill out a Nursing Services "CHA Daily Service Report" form only.
7. Social Services and Mental Health staff will report all of their activity on the "Social Services and Mental Health Services Report" form and will not utilize the "Ambulatory Patient Care Report" form for reporting purposes. The "Social Services and Mental Health Report" form is also required to be completed by all consultants where fees are paid for out of the Mental Health budget activity. The separation of Social Services and Mental Health reporting from ambulatory patient care reporting is a temporary measure and an attempt will be made in the future to incorporate both reporting systems into one.
8. The "Ambulatory Patient Care Report" form shall be completed in accordance with detailed instructions commencing with Part 4-3.1D.
9. Completed "Ambulatory Patient Care Report" forms shall be submitted by the Health Records Department or alternate each work day to the designated Area Office accompanied by an "Ambulatory Patient Care Master Form", HSM-405. (Refer to Part 4-3,1F.)

C. Definitions

1. Ambulatory Patient Care Visit - Any person or his representative who receives a health related service provided by the Indian Health Service, either from a physician or under a physician's orders, and a notation is made in his health record, regardless of who performs the service, and regardless of where the service is rendered.

If a patient is referred to another organized clinic for consultation this should be counted as a second visit and another form prepared; if the consultation takes place in the same clinic in which the patient was originally seen and on the same day, this should not be counted as a second visit. In the case of a second visit to another clinic on the same day, a second form should be stapled to the first form and completed from Item 10 down, as appropriate.

(4-3.1C continued)

2. Type of Clinic - Clinic visits shall be classified as to the specific type of clinic conducted during prescheduled hours.
 - a. Any patient attending a prescheduled clinic shall be coded to that clinic regardless of their health condition. For example: A diabetic patient seen in GYN clinic shall be classified "GYN".
 - b. All patients seen outside of regular clinic hours shall be classified in type "Other"; patients seen at 10 o'clock at night, or anytime after regularly scheduled clinic hours, shall be classified in type "Other".
3. Grouped Services - A clinic held for the performance of any preventive or screening health service(s) for a group of individuals, regardless of its location, the number in the group, or professionals in attendance. Instructions for completing the "Grouped Services Report" form appear in Part 4-3.1G.
4. Parent Facility - A parent facility is the facility within a service unit where the majority of the staff are stationed or the facility that provides the administrative and technical assistance to the satellite facilities. The parent facility is normally the hospital or major health center within a service unit. In some instances, there may be more than one parent facility within a service unit. An example of this would be two hospitals in a large service unit each providing the services mentioned above to several satellite facilities.

.D. General Instructions for "Ambulatory Patient Care Report" Form, HSM-406 (Rev. 7-73)

1. This form is for use beginning July 1, 1973 and is to be prepared by all health professionals (including all consultants except those paid by mental health), as listed in Section XV, Service Rendered By, IHS Standard Code Book, and whose service meets the following definition:

Any Person or his representative who receives a health related service provided by the Indian Health Service, either from a phvsician or under a phvsician's orders. and a notation is made in his health record, regardless of who performs the service. and regardless of where the service is rendered.

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(4-3,1D continued)

- 2; The criteria for utilization of the "Ambulatory Patient Care Report" form is as follows:
 - a. Physical presence of patient or his representative.
 - b. MD provided or MD ordered.
 - c. Health related service.
 - d. Health record pulled and notation made.
 - e. Provided by IHS.
3. All clinic nursing personnel will complete the "Ambulatory Patient Care Report" form when the service they provide within a facility fits the definition of an "Ambulatory Patient Care Visit".
4. Nursing Services (includes Public Health Nursing, School Nursing, and Clinic Nursing except hospital outpatient) a utilize the "ambulatory Patient Care Report" form as follows:
 - a. During a field clinic or nursing conference where a member of Nursing Services (see above) is the "primary" provider of service. In addition, Nursing Services should complete one "CHA Daily Service Report" form noting the type of activity as "clinic" and the "time spent" in the clinic.
5. Nursing Services (includes Public Health Nursing, School Nursing, and Clinic Nursing except hospital outpatient) will not utilize the "Ambulatory Patient Care Report" form in the following circumstance:
 - a. Specific referral from physician to Nursing Services personnel (see above) for a home visit. (This fits the criteria of an Ambulatory Patient Care Visit; however, is an exception to the rule.) Fill out a Nursing Services "CM Daily Service Report" form only.
6. Social Services and Mental Health staff will report & of their activity on the "Social Services and Mental Health Services Report" form and will not utilize the "Ambulatory Patient Care Report" form for reporting purposes. The "Social Services and Mental Health Report" form is also required to be completed by all consultants where fees are paid for out of the Mental Health budget activity. The separation of Social Services and Mental Health reporting from ambulatory patient care reporting is a temporary measure and an attempt will be made in the future to incorporate both reporting systems into one.

(4-3.1D continued)

7. The "Ambulatory Patient Care Report" form must be completed for each pharmacy visit, providing the patient was not first seen by a physician during that particular visit. The Ambulatory Patient Care visit must meet all of the criteria for utilization of the form, i.e., physical presence of patient or his representative, physician ordered or physician provided ("Over The Counter" medications are considered to be under physician's standing orders), a health related service, the health record is pulled and notation made, and provided by Indian Health Service. In order to standardize the completion of the "Ambulatory Patient Care Report" form for pharmacy visits, the following guidelines are provided:
- a. When the pharmacist is the primary provider of a health related service, such as, medications provided "Over The Counter" and refills of original prescriptions, he should record his "Provider" code number in Item 11 and indicate in Items 16, 21, or 31 the condition for which the medication is being dispensed and mark "first visit" or "revisit" as appropriate.
 - b. If a patient obtains several "Over The Counter" medications for a current problem without first seeing a physician, record your "Provider" code number in Item 11, code no more than two major diagnoses, and mark as "first visit".
 - c. If a patient obtains one or more "Over The Counter" medications for a potential future problem, record your "Provider" code number in Item 11. No diagnosis is necessary.
 - d. If a patient obtains one or more refills,, record your "Provider" code number in Item 11, code the diagnosis for which the medication was originally obtained and mark as "revisit",
 - e. If a patient comes to your facility with a prescription from a contract physician (without first seeing an IHS physician), record your "Provider" code number in Item 11; and if the condition for which the medication is being dispensed is unknown, a diagnosis code is not necessary.

(4-3.1D continued)

8. To help clarify when a form is needed the following examples are cited:

Prepare a form for persons who come for:

Any. in jury, illness or a related medical condition.
Postoperative followup.
Health services and are admitted to inpatient services.
Renewal of a prescription provided an entry is made in the patient's health record.
Drugs without prescription provided an entry is made in the patient's health record.
Health services but leave before services can be given.
Prenatal care.
Examination, pre-school.
Examination, pre-employment.
Well baby checkup.
Immunization.
Postnatal care of mother.
General physicals.
Followup for tuberculosis.
Conditions which students at IHS School Health Center have for which they are seen individually by the nurse or a physician.

Do not prepare a form for persons who come to:

See a patient hospitalized.
Accompany sick person.
Arrange for transportation to another facility.
Obtain dental services.
Receive counseling neither ordered nor provided by a physician.
Newborn in hospital transferred to pediatrics.

9. It is suggested that only black or blue ballpoint or felt tip pens be used on the form.
10. Make all entries and cross marks (+) or (x) neat and legible to facilitate the keytaping process.
11. The first ten Items and Item 25 on the form are to be completed by Health Records Department at facilities or an alternate under other circumstances. The "Provider" of the health related services is to complete the balance of the items, namely Items 11 through 24 and 26 through 34 as appropriate.

(4-3.1D continued)

12. ONLY ONE DIGIT MAY BE PLACED IN A BOX - DO NOT PUT TWO DIGITS IN A SINGLE BOX.

E. Specific Instructions and Guidelines for 'Completing the Individual Items on "Ambulatory Patient Care Report" Form, HSM-406 (Rev. 7-731

Item 1 - This space is to record patient identification information by use of an imprinter card.

ITEM NUMBERS 2 THROUGH 8 ON THE "AMBULATORY-PATIENT CARE REPORT" FORM SHALL BE LEFT BLANK IF AN IMPRINTER CARD IS USED.

Item 2 - IHS Unit Number - Enter the patient's "Medical Record Chart" number at that facility. Prefix the number with "0" if necessary to complete a six-digit field. If a patient does not have an IHS Unit Number at hospitals and health centers, one should be assigned and recorded at this time. At other locations the item may be left blank if it is too inconvenient to obtain.

Item 3 - Social Security Number - Enter the patient's nine-digit social security number if he has been assigned one.
NOTE: If patient does not have a social security number, he should be encouraged to apply for one at the time of this visit.

Item 4 - Date of Birth - Enter patient's, date of birth with two digits for month, day and year; example - January 8, 1973, enter 01-08-73. If unknown, enter zero's for month and day and calculate year of birth from physician's estimate of patient's age. Do not leave blank. If year only is known that should be entered in appropriate boxes; example - 00-00-94.

Item 5 - Sex - Mark appropriate box.

Item 6 - Tribe Code - Enter the patient's tribal code. Refer to IHS Standard Code Book, Section XVIII, Tribe. Use the code number designating the tribe of which patient considers himself a member. If tribe is not listed, use classification "Other" code number 998; Non-Indian, use 000; Unknown, use 999.

Item 7 - Optional - This three-digit field is for use as prescribed by each Area Office.

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(403.1E continued)

- Item 8 - Community of Residence Code - This is a seven-digit code identifying the patient's present residence by community, county, and state. Refer to IHS Standard Code Book, Section V. (For students in boarding schools use community of the school).
- Item 9 - Time of Arrival - Complete for each patient. Designate one of the four time periods in which patient presented himself for medical care.
- Item 10 - Type of Clinic Code - Enter the appropriate clinic code number from list below: (Refer to definition in Part 4-3.X.2)

TYPE OF ORGANIZED CLINIC SCHEDULED

01-General (seeing any and all patients)	15-Obesity
02-Cardiac	16-Obstetrics
03-Chest and TB	17-Ophthalmology
04-Crippled Children	18-Optometry .
05-Dermatology	19-Orthopedic
06-Diabetic	20-Pediatric
07-ENT	21-Rehabilitation
08-Family Planning	22-School
09-Grouped Services a/	23-Surgical
10-GYN	24-Well Child
11-Home Care	25-Other b/
12-Immunization	26-High Risk c/
13-Internal Medicine	27-General Preventive d/
14-Mental Health(Psychiatry)	28-Family Practice

- a/ Use this code number only when an "Ambulatory Patient Care Report" form is prepared for an Indian or Alaska Native patient found with abnormal findings in a "Grouped Services" Clinic. Refer to Part 4-3.1G.4.
- b/ Include any "organized specialty" clinic not identified above in addition to & patients who are seen outside of regularly scheduled clinic hours.
- c/ Code can be used for any type of "high risk" clinics conducted.
- d/ This type of clinic may be used for preventive clinics without restrictions to age of patients.

(4-3.1E continued)

- Item 11 - Services Rendered By - The first box is reserved for the physician or the non-MD health provider who exercises "primary" or "independent judgment" in managing the patient's health problems during that specific visit. The additional three sets of boxes are reserved for 0.2 code numbers of "other providers" of care who see the patient during that visit and make additional significant decisions regarding the care of the health problem. If appropriate, the "primary provider" and three "other providers" could be recorded during one patient visit provided their health services meet the above criteria.

The "primary provider" of the health service & responsible for recording a "Problem or Clinical Impression" and completing Item 32 - Diagnostic Services Requested and Item 34 - Disposition. "Other Providers" will record only their specific code number in Item 11.

The primary, or first box, will always be reserved for the physician if he has been involved in the visit. If left blank, it will be assumed that an MD has seen the patient. In the event that an MD is not involved in the visit, the primary box will contain the code number of the health provider who makes the major decisions in managing the patient's problem(s).

Examples of how this section may be completed are as follows:

- (1) A physician sees a diabetic patient and refers the patient to the Nutritionist/Dietitian. Since the physician is the "primary provider", the first two boxes would be left blank; however, the Nutritionist/Dietitian would indicate her code (07) in the second set of boxes since she would be discussing and making recommendations about diet and weight control.
- (2) A physician sees a new mother in prenatal/postpartum clinic and refers the mother to a Public Health Nurse or Clinic Nurse for additional instructions about her care and/or care of her infant. Since the physician is the "primary provider", the first two boxes would be left blank; however, the PHN or Clinic Nurse would insert her code number (13 or 01 respectively) in the second set of boxes.

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(4-3,1E continued)

- (3) If a physician sees a patient first and orders a prescription, the "primary provider" box would be left blank and the pharmacist would insert his code number (09) in the second set of boxes only if he provides specific instruction and consultation about the use of the medication. If no instructions or consultation are provided by the pharmacist, he would not insert his code number as an "other provider".
- (4) Laboratory and X-ray services do not meet the preceding criteria of "making significant decisions" regarding the care of the health problem.

'The discipline(s) (if not a physician) providing the "primary" or "other" health related service to a patient during a particular visit shall be identified by entering his appropriate code number from the list below. It is not intended as a workload statistic or a measure of the total activity of that particular discipline and should be restricted only to patient care activities. Activities other than patient care should not use this form.

SERVICES RENDERED BY:

Blank M.D.	10 Physical Therapist
01 Clinic RN	11 Physician Assistant
02 Environmental Health	12 Psychologist
03 Health Aide	13 Public Health Nurse
04 Health Educator	14 School Nurse
05 Licensed Practical Nurse	15 Other
06 Medical or Psychiatric Social Worker	16 Pediatric Nurse Practitioner
07 Nutritionist/Dietitian	17 Nurse Midwife
08 Optometrist	18 Contract Physician
09 Pharmacist	19 Mental Health Technician

This item shall be completed by professionals, other than a physician, who provide the "primary" or "other" health related service.

1. Immunizations

8. Immunization levels of young children are a good indicator of how successful IHS staff are with well child supervision.

(4-3.1E.1 continued)

- b. An automated data processing system was used to establish an immunization register for children born after June 30, 1970, and immunization workload data will be maintained by the age at which an immunization is given. This will enable the Indian Health Service to follow individuals, starting July 1, 1970. with infants, and to roughly ascertain community immunization levels. For both the register and the workload data, the same input information.- on the "Ambulatory Patient Care Report" form - is 811 that is needed. Since infants and toddlers are rarely immunized in mass clinics, the use of the recommended "Grouped Services" report will not interfere with this use of immunization data.
- c. This automated data processing system may replace the facility immunization registers that are maintained in a useful condition.
- d. The immunization section (Item 12, a, b, c) on the "Ambulatory Patient Care Report" form is to be completed for active immunizations only. Passive immunizations such as diphtheria antitoxin, tetanus antitoxin, gamma globulin, or shots for a specific disease condition should not be recorded in this section. For the above conditions mark only the correct diagnosis or condition on the "Ambulatory Patient Care Report" form for which the passive immunization or shot was given. For example: AFC code 824 is to be marked for all "contact/carrier of infectious diseases."; shots for "respiratory allergy, asthma and hay fever" should be recorded under APC code 305.

Item 12 - Active Immunizations - This section is to be completed each time an active immunization is given.

Item 12.8 - Vaccines Given This Visit,- Indicate the type of immunization given. When giving the combined measles-rubella-mumps vaccine each component of the vaccine is to be indicated. Passive immunization with immune globulins, is not to be indicated.

Item 12.b - Are All Immunizations Current For This Patient's Age - This section must be completed each time an active immunization is given and recorded in Item 12.a. Indicate immunization level by marking either "Yes" or "No". The immunization status must be obtained from the patient's health record and compared to age of patient.

(403.1E.1 continued)

Item 12.~ - Register Correction - This section is to be completed only when making corrections in the "Immunization Register".

Box 1 - Delete from this facility's register Mark if individual is to be deleted from the Immunization Register. An Ambulatory Patient Care Report form deleting an individual from the Register should show only the IHS Unit Number (Item 2) and this box marked. Forms deleting individuals from the Immunization Register will not be counted as visits for workload purposes.

Box 2 - Correct this IHS Unit Number - This box is to be marked only when correcting an erroneous IHS Unit Number which is in the Immunization Register. An Ambulatory Patient Care Report form correcting an erroneous IHS Unit Number should show the erroneous IHS Unit Number (Item 2), this box marked, and the correct IHS Unit Number in Item 25. Forms submitted for correcting erroneous IHS Unit Numbers in the Immunization Register will not be counted as visits for workload purposes.

2. Immunization Register System

Purpose:

To collect information throughout the Indian Health Service on the number and type of immunizations given by age group, see Table 1Q. In addition, the Indian Health Service will have the capacity to correlate immunizations by provider and community of residence. All facilities will complete Item 12, "Active Immunizations".

For those service units where individuals can be identified by registration numbers and where immunizations are given mainly by Indian Health Service, Tables 1.R, "Immunization Levels" by service unit and 1.S, "Listing of Individuals Whose Immunizations Are Not Current" by service unit, will form the basis for the service unit Immunization Register. Each Area Director will determine the service units that are to receive Tables 1.R and 1.S, thereby participating in the Immunization Register.

The register system will be limited to children under two years of age.

(4-3.13.2 continued)

For those service units participating in the immunization register:

- a. The computer will store information on immunizations by individual, starting with children born after June 30, 1970. The individual will be identified by IHS Unit Number at the "parent" facility. (See 4-3.1C.4 for definition.)
- b. For individuals born before July 1, 1970, the computer will not store information on immunizations, Immunizations will be analyzed for workload by age groups only.
- c. Children will be entered into the immunization module whenever they are delivered in an IHS facility or make their initial Ambulatory Patient Care visit to the "parent" facility, or when they receive their initial immunization at a facility other than the "parent" facility.
- d. The child will be identified to the computer by his IHS Unit Number at the "parent" facility. When a child is immunized at a facility other than the "parent" facility, his IHS Unit Number at the "parent" facility will have to be entered on the "Ambulatory Patient Care Report" form in Item 25.
- e. The computer will determine failure to immunize by comparing the number of each immunization (series) to the child's current age. The following chart shows the immunizations that a child should have received by certain key ages. This is not intended to be a recommended immunization schedule:

<u>By this age</u>	<u>- - - - should have had</u>
4 mo.	DTP #/1 OPV #1
6mo.	DTP #2
8 mo.	DTP #3 Opv #2
18 mo.	Measles and Rubella
22 mo.	DTP #4 OPV #3

The age groupings shown above are the lower limits for determining immunization status, Consequently, an infant will be entered into the Register System in accordance with "d" above; however, their immunization status will not be considered until they are four months of age.

- f. Quarterly, the computer will print out a listing of IHS Unit Numbers, only of those children whose immunizations are not current. The service unit will review the list. Immunizations given to bring a child up to the proper immunization status for his age will be reported as is routinely done.

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(4-3.1E.2 continued)

- g. Corrections will be submitted on the "Ambulatory Patient Care Report" form. Either Item 1 or Item 2 should be completed in the usual manner - in addition, for:
- (1) Immunizations given but not reported, complete the balance of the Ambulatory Patient Care Report" form as for reporting any immunization, or if the child is immunized according to his age as listed in Part 4-3.1E.2e simply place a mark in Box 1 in Item 12.b.
 - (2) Removing a patient from the Immunization Register because of death or other reason, place a mark in Box 1 of Item 12.c Register Correction.
 - (3) Correcting a wrong' IHS Unit Number, place a mark in Box 2 in Item 12.c Register Correction. Record the erroneous IHS Unit Number in Item 2 and the correct IHS Unit Number in Item 25.
 - (4) Procedure for updating immunization register without recording APC visit: Insert patient's IHS unit number in Item 2; indicate "Yes" in Item 12.b; indicate "Correct This IHS Unit Number" in Item 12.c; insert the same IHS unit number in Item 25 which also appears in Item 2. An APC form completed in this manner will not be counted as a visit and the immunization register will be updated according to the patient's age.

3. Tuberculosis Reportinga. Purpose

This section of the "Ambulatory Patient Care Report" form is to supplement tuberculosis reporting at all IHS facilities and does not eliminate or affect any State or IHS tuberculosis registers already in existence. The IHS "Tuberculosis Control Manual" dated July 1970, shall be used throughout the Indian Health Service to provide uniform and current procedures, terminology and records in the control of tuberculosis, "Tuberculosis Reporting" on the "Ambulatory Patient Care Report" form was designed for the following purposes:

- (1) To record all diagnoses related to tuberculosis or tuberculosis control by "first visit" or "revisit" (per episode).
- (2) To provide information about tuberculin skin testing, such as:
 - (a) Reason for doing tuberculin skin testing.
 - (b) Results of tuberculin skin testing: size of induration for PPD if positive; negative or positive for Tine.

(4-3.13.3 continued)

(&) Tuberculin skin testing information, when correlated with other information (sex, age, community of residence, etc.) will provide valuable epidemiologic information for the identification and management of tuberculosis as a health problem.

(3) To provide information about the use of INH as a tuberculosis prophylactic method:

(a) To identify all positive tuberculin skin test reactors or converters who have completed one year of INH prophylaxis.

(b) To establish a register, by IHS unit number, of all persons who are currently taking prophylactic INH.

b. Responsibility

Each Area Director will determine whether the INH Prophylactic Register system will be used within his Area and how it will be done. Areas not using the INH Prophylactic Register will be limited in data to be retrieved. The utilization of a service unit unique numbering system would make the register system more workable and meaningful at the service unit level.

c. Limitations

Annual PPD skin testing of school population which is accomplished with a report system (such as HSM-304) that meets Area and Headquarters needs may be utilized in lieu of the individual "Ambulatory Patient Care Report" form.

d. Specific Instructions for Completing Items 13 Through 16

Item 13 - Skin Test Result - To be completed only when the tuberculin skin test is read. This section should be used only when the final result of the tuberculin skin test is determined, and a decision made based on this result. If the result is uncertain, and the test is repeated., do not enter the uncertain result. If a tuberculin skin test is positive, indicate the appropriate Diagnosis in Item 16.

Item 14 - purpose - Indicate the reason the tuberculin skin test was done.

a. Routine - That done as part of a routine physical examination, no real suspicion of disease.

b. Contact - Person known to have been in contact with a tuberculosis patient, and being skin tested for that purpose.

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(403.1E& continued)

- c. Suspect - Person who is suspected of being infected with tuberculosis and the tuberculin skin test is done for diagnostic reasons.
- d. School - To be marked when the "Ambulatory Patient Care Report" form is used to record results of routine tuberculin skin testing surveys in schools.

Item 15 - INH Prophylaxis

- a. One Year of INH Completed - Patients already known to be tuberculin skin test positive and who are also known to have completed one year of INH, should be entered once into the system by marking this box. This box should also be marked when a patient completes one year of INH after July 1, 1973.
- b. Start - Mark when INH prophylaxis is initially prescribed.
- c. Continue - Mark when a patient is currently taking INH and is to continue.
- d. Discontinue - To be used for patients who discontinue the drug before one year has been completed-- by personal choice, drug intolerance, etc.
- e. The remaining two boxes are used to indicate the number of months that will elapse before the patient is to return for refill of INH or checkup. When these two boxes are completed, the appropriate diagnosis in Item 16 must also be indicated.
- f. For a patient whose parent facility IHS unit number is different from the one appearing on the top of the form (Item 1 if addressograph card used, or Item 2 - IHS unit number) the correct parent facility IHS unit number should be entered in Item 25 - IHS Unit Number at Parent Facility.

Item 16 - Diagnosis - All persons seen for tuberculosis, who were tuberculin skin tested because of "contact" or "suspect" (Item 1&Purpose) or who are currently on INH prophylaxis, must have the appropriate diagnosis checked as to "first visit" or "revisit" (episode).

(403.1E.3 continued)

When a diagnosis related to tuberculosis is marked, you may still record another diagnosis in Item 21 (Prenatal Care) and an additional two diagnoses in either Item 26 (Nature of Injury) on the front of the form or Item 31 (Problems or Clinical Impressions) on the reverse,

h. Maternal Health and Family Planning Activities

a. Purpose

To establish a new method of reporting maternal health and family planning activities.

(1) The provision of a computerized register system of data which will assist service unit personnel with:

(a) Clinical management of patients who desire to utilize family planning methods.

(b) Evaluation of family planning program progress and effect.

(!2) The provision of data which allows IHS program evaluation at all administrative levels and to answer management questions from persons working in programs other than IHS programs.

b. General

The family planning activities reporting system is a computerized register system.' As such, the individual must be identified to the computer by w identifying number.

IHS, in pretesting, was successful in using the patient's health record number at the parent facility. When a patient is provided with family planning services at a satellite facility where the patient's IHS unit number is not available, the "Ambulatory Patient Care Report" form goes back to the parent facility where the Health Records Clerk enters the health record number. If the patient has never been seen at the parent facility, she is assigned a new number at the parent facility.

Each Area Director will determine whether the Family Planning Register System will be used within his Area and how it will be done. Areas not using the Family Planning Register will be limited in data to be retrieved. The utilization of a service unit unique numbering system would make the register system more workable and meaningful at the service unit level.

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(4-3.13.4 continued)

Responsibilities

- (1) The physician providing maternal health care or initiating, providing maintenance, or discontinuing family planning services of any type for a patient is responsible for the completion of the Maternal Health and Family Planning section of the "Ambulatory Patient Care Report", HSM-406 (Rev. 7-73).
- (2) Upon receipt of the completed Form HSM-406 (Rev. 7-73), at IHS direct care facilities, the pharmacist (or in some facilities another employee who serves this function) may issue the device or medication which has been prescribed for that patient. Each form should be checked by the pharmacist or alternate for accuracy and completeness.
- (3) The pharmacist will forward the APC forms each working day to the respective Health Records Department for inclusion in that day's ambulatory care activity and submission to Area for keytaping.

d. Definitions Related to Family Planning

- (1) Family Planning Services - Includes women whom the Indian Health Service have actually provided oral contraceptives or an IUD, or given instructions in use of the diaphragm, or rhythm method, other contraceptive method or consultation or service for infertility. These services do not include women who were counseled about family planning but not provided with contraceptives, nor do they include women provided with estrogen and/or progesterone therapy for brief periods of time for purposes other than contraception. Family Planning Services include cases where men receive infertility counseling or surgical sterilization but exclude men provided with condoms. Only one box should be marked under "Method".

e. Specific Instructions for Completing Items 17 Through 24

- (1) Family Planning and Prenatal Items 17-24 shall be completed when appropriate. Visits exclusively for Family Planning purposes shall not have a Diagnosis recorded in Item 31. If a female patient receives a Family Planning service plus services for health related problems, diagnoses for the health related problems shall be recorded in Items 16, 26, or 31. If a diagnosis is recorded in Item 16, two additional diagnoses may **be** recorded in either Items 26 or 31.

(4-3.1E.4e continued)

- (2) 1st Prenatal Visit - Complete Items 17, 18, 19, 20 and mark Item 21, Prenatal Care, Code Number 480 as "First Visit". (For EACH pregnancy, the patient's first visit for medical care considered as a "First Visit" regardless of where seen and fiscal year.)
- (3) Prenatal Revisits - Complete Item 18 and mark Item 21, Prenatal Care, Code Number 480, as "Revisit"..
- (4) Family Planning: New Case - Complete Items 17, 18, 19, 22, 23, 24, and 25 if appropriate. Also Items 16, 26, or 31 if a service for another health related problem is provided. If not, no diagnosis is required.
- (5) Family Planning: Revisit - Complete Items 22, 23, 24, and 25 if appropriate. Also Items 16, 26 or 31 if a service for another health related problem is provided. If not, no diagnosis is required.

Item 17 - Marital Status - A woman is to be tallied as married if she considers herself to be married. Appropriate question would be "Are you presently married?" The term "Married" should be interpreted to include "married, separated and common law" and term "Not Married" interpreted to include "single, widows and divorced". Complete for "First Prenatal" visits and family planning "New Cases" only.

Item 18 - Gravida - Total number of times a patient has been pregnant, whether intra- or extrauterine, multiple or single, regardless of length of gestation. Appropriate question, "How many times have you been pregnant? Does that include miscarriages or babies that were born dead? Does that include your present pregnancy (for prenatal patients)?" Prefix two-digit field with a "0" if less than 10.

Item 19 - Number of Living Children - Number of children, now alive, who were borne by the patient regardless of age or place of residence of the children. Appropriate question, "How many of your own children are now alive?" Prefix two-digit field with a "0" if less than 10.

Item 20 - Trimester of FIRST Prenatal Visit - Record as 1, 2, or 3 trimester.

When this section is completed, Item 21, Prenatal Care, Code 480, must be marked as "First Visit".

(4-3.1E.4e continued)

Item 21 - Diagnosis - Mark accordingly as to "First Visit" or "Revisit", A prenatal patient should be counted as a "First Visit" the first time she receives prenatal care during the current pregnancy regardless of where she received the service. If a prenatal patient received prenatal care during the previous fiscal year at another IHS facility or through contract services, she should be counted as a prenatal "Revisit",

Item 22 - Method of Family Planning Service - Methods 1-Oral, 2-IUD, 3-Rhythm, 4-Other, are self-explanatory. Mark as appropriate.

Methods 5 and 6 - Infertility Services and Surgical Sterilization, can be marked for both males and females. Surgical Sterilization should be marked for a male at the time the vasectomy is performed. "Surgical Sterilization" for a female should be marked the first time the 'female patient is seen, as an outpatient in an IHS facility, without regard to reason for visit. The patient may be returning either for post-operative care relating to surgical sterilization or another health condition. This will automatically remove female patients from the family planning register.

Item 23 - Status of Family Planning Service

a. New Case - This system is developed for Indian Health Service direct care. A new case is:

- (1) Any woman who has never before received family planning services anywhere.
- (2) First time a patient receives family planning services through IHS direct care, regardless of whether she has in the past used, or is presently using, contraceptives provided by other than IHS.
- (3) If a patient receives the first family planning services on hospital inpatient care, the next outpatient family planning service is considered as a NEW CASE.
- (4) Women who were started on contraceptives through contract health services are to be considered as new patients the first time they receive contraceptives from IHS direct services.

(4-3.1B.4k continued)

A patient is NOT a NEW CASE if she comes to an IHS facility, for the first time, and receives direct care services on family planning from an Indian Health Service physician but she has received previously, contraceptive services in another Indian Health Service facility. In this situation the physician will check this patient as "Restart" or "Continued" as the case may be.

- b. Restart - This is a patient who is restarted on a method of family planning after having discontinued contraception, for any reason, if previous family planning services were provided by the Indian Health Service's direct care program. It includes:
- (1) Women having a new IUD inserted regardless of length of time that previous IUD has been out.
 - (2) Women on oral contraceptives who have not taken the pill for more than two weeks.
 - (3) Women who discontinued contraception for a pregnancy and are now restarting contraception.
- c. Continue - A patient continuing uninterrupted the method of contraception indicated in Item 22, or a change of "method" in this visit without interrupting contraception, or who comes for further counseling on the rhythm method or about infertility.
- d. Discontinued - Make a check mark in Box 4 "Discontinued" if the visit is for discontinuing contraceptive practices for any reason except for the patient being pregnant. If the patient stops contraception because of pregnancy, the physician will check Box 5, "Discontinued Due to Pregnancy".

If the visit is for changing from one method of contraception to another without interruption of birth control this is not a case for discontinuation, and the physician will check in Item 22 the new "method" she is changing to, and he will also check "Continue" in Item 23.

(4-3.1E.4e continued)

The following are pertinent examples:

- (1) A woman having an IUD removed so that she may become pregnant will have no information checked in Items 17-21. Item 22 will have IUD marked, and Item 23 will have "Discontinued" marked. Item 24 will be left blank. This is a typical case of discontinuation.
- (2) A woman has IUD removed because it is not well tolerated and she is started in the same visit, without interruption, on oral contraceptives. This is not a case of discontinuation but a change of method. In this situation Items 17-21 will have no information. Item 22 will have a check mark on "Oral"; Item 23 will be marked "Continue"; and Item 24 will show the date of next appointment.

- e. Discontinued Due to Pregnancy - This will be marked whenever the patient is discovered to be pregnant. (At same time Items 17-21 must be marked for 1st prenatal visit.) It will be marked if a woman has expelled an IUD or whether IUD is still in place. It will be marked if a woman had been given a supply of oral contraceptives and became pregnant while the supply was available regardless of whether she took the pills as directed. Example:

A woman last provided with three months of oral contraceptives on 3/15/73 is seen on 8/1/73. She is pregnant with LMP on 4/20/73. Complete Items 17-21, mark Item 22 for Oral, mark Item 23 as Discontinued Due to Pregnancy, leave Item 24 blank, and fill in Item 25 if appropriate.

Item 24 - Next Appointment Will be in [] Months. (If three weeks, round off to nearest month.) Prefix with a "0" if nine months or less. Any number greater than twelve will be considered as an error and rejected by the computer.

Item 25 - IHS Unit Number at-Parent Facility - When a patient is provided with a specific service at a facility other than parent facility, the form shall go back

(4-3.1E.4e continued)

to the parent IHS facility where the Health Record Clerk enters the IHS Unit Number in Item 25 if different than number in Item 2. (Enter number to, right side of spaces - prefix with "0", if necessary, to complete six-digit field.)

In addition to family planning services, Item 25 should also be used for immunization register, INH prophylaxis register and any other register-type systems. A unique IHS Unit Number within each service unit would eliminate, to a great extent, the use of this Item.

- (6) To delete an erroneous record in the Family Planning Register, complete Item 2, IHS Unit Number, on the "Ambulatory Patient Care Report" form and insert an "X" in Optional Field 30A. This record will not be counted as an APC visit.

f. Terms Related to. Output. Reports

Overdue Appointment and Dropout (for output report Table 1.L) - A woman who fails to keep an appointment within the reporting period will be considered as missing an appointment. If she is on oral contraceptives and does not appear for family planning services within the following three reporting periods, she will be considered as a dropout as of the date of her missed appointment. If she has an IUD and does not appear for family planning services within the six following reporting periods, she will be considered a dropout as of the date of her appointment. Women using rhythm method and those for infertility control will not be considered, in this part of the system. Women using "other" methods will be considered in the same manner as women on oral contraceptives. Examples :

- (1) ,A woman using oral contraceptives was seen on 1/20/73 and has a return appointment. for 4/20/73. At the end of the April reporting period she has failed to show. The April report will enter her in the "overdue appointment" column. If by the end of July she still has not returned, she will appear in the July report as a dropout with the date last seen 1/20/73 and the dropout date listed as 4/20/73.

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(4-3.1E.4f continued)

- (2) A woman who had an IUD inserted 4/12/73 was to return for a recheck on 5/12/73. If she had not returned by the end of May, she would be listed in the May report as overdue. The June, July, August, September, and October reports will also list her as overdue if she fails to return for family planning service. If by the end of November she has still failed to return, she will be listed in the November report as a dropout. The date last seen will be 4/12/73 and the dropout date will be 5/12/73.

Woman-Months - How to determine the number of woman-months on birth control during the fiscal year (applicable only to oral contraceptives and IUDs).

It is the sum of the months each case has practiced birth control during the fiscal year by method of contraception. For new cases - from the date entering the service to the first discontinuance in the fiscal year or change to other method or the end of the fiscal year. For cases who discontinued birth control but restarted the services during the fiscal year, from the day of restarting the services to the next discontinuance or change to other method or end of fiscal year. For patients who changed method during fiscal year - from day of change to the new method to first discontinuance or other change of method or end of fiscal year.

The data will not be available until six months after end of fiscal year due to waiting period for oral contraceptive and IUD dropouts.

In order to obtain round figures for months on birth control it is suggested to count as a complete month the number of days of the first month on contraception, and not to count the portion of the month in which the patient was dropped out of **the** program. Or better, to count as one month portions of month 16 days and above; and not to count portions of a month of 15 days and less.

5. Accident, Trauma, and Adverse Effects

- a. Accident, Trauma, and Adverse Effects, Items 26-29 shall be completed when appropriate.
- b. Item 26 - Nature of Injury shall be marked when appropriate.

(4-3.1E.5 continued)

- c. If a patient has health conditions in addition to an injury, they may be recorded by appropriate marks in Items 16 (Tuberculosis), 21 (Prenatal Care), **or** 31 (Problems or Clinical Impressions). If one diagnosis is recorded in Item 26, only one additional diagnosis may be recorded in Item 31, plus diagnoses, if appropriate, in Items 16 and 21.
- d. If Item 26 (Nature of Injury) is marked **as** "First Visit", Items 27, 28, and 29 must be completed. If it is marked "Revisit", Items 27, 28, and 29 shall be left blank.
- e. Specific Instructions for Completing Items 26-29

Item 26 - Nature of Injury (Problems or Clinical Impressions) For each diagnosis marked under "Nature of Injury" either "First Visit" or "Revisit" for this episode must be indicated.

Item 27 - External Cause of Injury - This item shall be completed only when Item 26, Nature of Injury, is marked as "First Visit". Mark the appropriate box which best describes the cause of the accident.

Item 28 - Place of Injury - This item shall be completed only when Item 26, Nature of Injury, is marked **as** "First Visit". Mark the appropriate box which best describes the place of injury.

Item 29 - Was Accident Related to Alcohol? - This item shall be completed each time a diagnosis is marked as a "First Visit" in Item 26. Mark the appropriate box 1=Yes, 2=No. A determination must be made by the "Primary Provider of Service" whether alcohol was involved by either party in the situation which resulted in the patient's accident or trauma injury.

6. Optional Field

Item 30 - Optional Field - Sub-item A, B, and C may be used by Areas **or** Service Units for whatever special counts they wish to make. Approval must be obtained through channels (Service Unit Director - Area Director - Director, Indian Health Service), in accordance with provision of IHS Circular No. 70-1 to use these boxes for a special count.

Optional Field A is currently being used to delete records already entered into the Family Planning Register.

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(4-3.1E continued)

7. Reporting on New Cases of Communicable Diseases

- a. A daily record of communicable diseases shall be maintained by all IHS hospitals, health centers, and health stations based upon those reported by the attending physicians on the front and reverse sides of the Ambulatory Patient Care Report", HSM-406 (Rev. 7-73).
- b. The weekly and individual prescribed reports for physicians and health facilities shall be completed by the Health Records Departments and forwarded to the local and state health officers in accordance with respective state requirements.
- c. The appropriate clerical personnel shall assist the Service Unit Director, or attending physician, in the completion of the "Report of Disease Outbreak", HSM-133 (formerly PHS-767).
- d. When indicated by the occurrence of outbreaks, epidemics or unusual occurrence of communicable disease, the "Report of Disease Outbreak" forms shall be completed and forwarded to the Area Office in accordance with instructions issued in IHS Circular No. 69-2, dated March 17, 1969.

Item 31 - Problems or Clinical Impressions (on reverse side of form) -

- a. The physician, nurse, pharmacist, or other para-medical personnel who provides the primary medical service may record, by a checkmark, the two most significant diagnoses or conditions of the patient in Items 26 (Nature of Injury) and 31 (Problems or Clinical Impressions) in addition to one diagnosis each in Items 16 (Tuberculosis Reporting) and 21 (Prenatal Care) if appropriate.
- b. For each diagnosis, either "First Visit" or "Revisit" for this episode of disease or condition must be checkmarked without regard to implementation of the current system or the fiscal year.

Acute diseases such as strep throat, otitis media, URI, etc., the "first visit" is always the first time the patient received medical care for this specific condition regardless of where he was seen, i.e., IHS facility or contract. All followup visits should be marked as "revisits" for that specific condition. It is the physician's judgment and the time lapse since the patient was last seen for a specific acute condition, that will determine whether an acute case is a "First Visit" or "Revisit".

(4-3.13.7 continued)

In the case of episodic chronic diseases the physician will have to decide if the fact of a new episode is more important, as with reactivated TB which would be a "First Visit", or if the continuing disease process is more important as would be a reactivation of rheumatoid arthritis, which would be a "Revisit" if previously treated for rheumatoid arthritis.

- C. Do not mark more than two diagnoses or conditions in Items 26 (Nature of Injury) and 31 (Problems or Clinical Impressions). The keytape operator will enter only the first two diagnoses marked regardless of their significance.
- d. Because State communicable disease reporting comprises more entities than could **be** listed, only the more common are included in the section for Infective and Parasitic Diseases. Refer to Appendix II of this manual for a "WRITE-IN NOTIFIABLE DISEASE LIST".

When indicated by the occurrence of one of those diseases, the physician will "write-in" the entity in the space provided. A patient with such a condition is expected to receive special processing and will be individually identified to the Health Records personnel. They will manually record the identifying numerical code number and in addition, prepare special reporting forms for submission to State Health Departments, through local State channels if applicable.

- e. Refer to Appendix III of this manual for the "Ambulatory Patient Care Report Diagnostic Code List Compared with the ICDA Detailed List (8th Revision)".
- f. If there are further questions as to what diagnosis falls in an "Ambulatory Patient Care Report" diagnosis, refer to the codes in the International Classification of Disease, Adapted, Eighth Revision.. (PHS Publication No. 1693.)
- g. The following explanation of specific codes appearing in the "Supplemental" category are intended as an aid in marking the appropriate diagnoses:

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(4-3.1E.7 continued)

- (a) APC recode 818 is equivalent to ICDA code Y00.5, Well Baby and Child Care, and should be checked when an infant or child (under 15 years of age) visits the clinic for relatively comprehensive preventive health services, including assessment of health, growth and development, counseling, anticipatory guidance, teaching, tests for routine health surveillance and immunizations. Visits for just immunizations, routine tests (i.e., urinalysis, hematocrit, etc.), vitamin prescriptions, or incomplete examinations are not comprehensive enough to be considered well child care. This type of visit should be checked as APC recode 819-Other Preventive Health Services.
- (b) The new APC code 819, Other Preventive Health Services, includes ICDA codes Y00.1, Y00.4, Y00.6, and Y02. It should be checked for visits where various types of preventive services are provided for both children and adults. Such services include immunizations (passive and active), examinations of specific organ systems, prescriptions for vitamins and other examinations.
- (c) Complete physical examinations for school entrance, welfare, Civil Service, etc., are to be coded to APC code 821, Physical Examination.
- h. The Problem or Clinical Impression Code List was intentionally designed to encompass selected broad categories of diseases to provide the most manageable data consistent with the paramount needs in Indian Health. 'Professionals should not be disturbed because of this classification without all possible individual listings.

8. Diagnostic Services Requested

Item 32 - Diagnostic Services Requested: Laboratory Tests Ordered - The physician ordering laboratory tests will so indicate by marking the appropriate boxes (represents type of tests ordered - not those done). If "none" were ordered, mark "None". There must be a mark in this item for every Ambulatory Patient Care Visit.

(403.1E.8 continued)

X-ray Ordered - The physician ordering X-rays will so indicate by marking the appropriate box (represents type of X-rays ordered - not those taken).

9. Minor Surgical Procedures

Item 33 - Minor Surgical Procedures - This item must be marked if minor surgical procedures were performed during the current outpatient visit and the surgical procedure(s) is related to a problem indicated in Items 16, 26, or 31.

10. Diszosition

Item 34 - Disposition - This section must be completed for each patient visit. The type of disposition shall be indicated by a mark in one of the boxes (1-6) by the "Primary Provider of Service". (Do NOT neglect to mark Diagnosis in Items 16, 21, 26, and/or 31.)

Patients who have their health record pulled but do not wait to be seen in the clinic shall be identified by the clinic nurse or alternate by marking Box 7 - "Did Not Answer". In such cases a Diagnosis in Items 16, 21, 26, or 31 will not be recorded.

At facilities where patients are given advanced appointments, an "Ambulatory Patient Care Report" form should not be initiated until the patient arrives.

11. Responsibilities

- a. Health Records Department personnel, or alternate (after hours, or at satellite clinics or home visits) shall be responsible for pulling the health record and initiating an "Ambulatory Patient Care Report" form HSM-406 (Rev. 7-73), and completing Items 1 through 10 at the time a patient registers and requests medical care.
- b. The provider of the medical service shall be responsible for completing the balance of the Items, except Item 25 which will only be completed by Health Records personnel, or alternate, when needed.
- c. The Health Records Department shall have the responsibility of spot checking documents returned from the outpatient department for completeness and adequacy of recording by the provider of medical services. If omissions or inconsistencies are found, they will be brought to the attention of the responsible person for immediate correction and proper recording in the future.

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(4-3.1E.11 continued)

- d. No prepared copies of the "Ambulatory Patient Care Report" form HSM-406 (Rev. 7-73) should be retained at a facility.

F. "Ambulatory-Patient Care Master Form", HSM-405

1. Purpose

To establish a simplified method of providing identical information for each "Ambulatory Patient Care Report" form without recording it for each patient.

The provision of Area, Service Unit, Service Location codes and date of service data for the retrieval system with the least amount of manpower,

2. Responsibilities

- a. The Health Records Department of the facility is responsible for initiating the "Ambulatory Patient Care Master Form". (See Exhibit 4-3.1F.2a for sample copy of form HSM-405.)
- b: At satellite facility clinics whoever is responsible for patient records will be responsible for preparation of the "Ambulatory Patient Care Master Form". They will also be responsible for the transmittal of forms to the hospital or health center facility Health Records Department for forwarding to the Area Office. A notice of action required in the form of a special note must be provided with each separate Master Form utilized for individuals who must be identified at the parent facility in Item 25 by the IHS unit record number. Each Area has the option of not utilizing the Service Unit unique numbering system if they so desire.
- c. The Health Records Department of the hospital, health center, school health center, or health station will be responsible for submission of the forms on a daily basis to the Area Office for keytaping unless otherwise directed. Each working day Tuesday through Friday the forms for the previous day will be dispatched; on Monday the forms for Friday, Saturday and Sunday, separately labelled, will be dispatched together. Numerous regular and on-request reports are by "Day of Week". For this reason, it is very important to maintain control and submit forms on a daily basis, i.e., from midnight of one day to midnight of the following day. DO NOT submit Saturday and Sunday forms in one batch. At small stations (Service Unit locations which have only 50-60 or less forms every day) the submission may be every second or third day, provided a uniform pattern is established which will evenly distribute the data processing workload.

(4-3.1F.2 continued)

- d. "Ambulatory Patient Care Report" forms utilized by professional personnel when providing services at patient's home shall be included with the reporting facility document's without any special identification other than a clinic code number "11" in Item 10. In other words, a special "Ambulatory Patient Care Master Form" is not required for home visits; provided by a physician.
3. Instructions for "Ambulatory Patient Care Master Form", HSM-405
 - a. This form is to be initiated by the Health Records Department at all hospitals, health centers, and school health centers or by whomever is handling the patient records at satellite facility clinics.
 - b. A Master Form, HSM-405, must be prepared for each different combination of service locations and dates.
 - c. If Area Office accepts the option to utilize the Service Unit unique numbering system, a separate Master Form, HSM-405, shall be prepared at satellite field clinics for individuals who must be identified by their IHS unit record number at the parent facility in Item 25, namely, (1) family planning patients, (2) children born after June 30, 1970 who receive immunizations, and (3) INH Prophylaxis register.
 - d. The Area, Service Unit, and Service Location codes are that of the location where the patient receives the service. The date and day is the time of the service. "Ambulatory Patient Care Report" forms for physician home visits shall be included with the facility Master Form. Refer to IHS Standard Code Book; Section VIII, for the Service Location codes which must be uniformly used.
 - e. A Master Form, HSM-405, must be the top form of any group of "Ambulatory Patient Care Report" forms submitted. Be sure that each Master Form is in its proper location in the package. Master Form data will be key taped into every "Ambulatory Patient Care Report" appearing under the Master Form until a new Master Form appears in the form pack. Secure the group of forms together by rubber bands or string.
 - f. The "Ambulatory Patient Care Reports" and Master Forms must be submitted to individual Area Offices on a daily work day basis. Each working day Tuesday through Friday the forms for the previous day will be dispatched; on Monday the forms for Friday, Saturday and Sunday, separately labelled, will be dispatched together. Numerous regular and on-request reports

(4-3.1F.3f continued)

are' by "Day of week". For this reason, it is very important to maintain control and submit forms on a daily basis, i.e. from midnight of one day to midnight of the following day. DO NOT submit Saturday and Sunday forms in one batch. At small stations (Service Unit locations which have only 50-60 or less forms per day) the submission may be every second or third day, provided a uniform pattern is established which will evenly distribute the data processing workload.

- g. If Indian Health Service physicians provide outpatient services in a contract hospital, a Master Form, HSM-405, must be prepared in accordance with instructions issued by Area Offices.
- h. No prepared copies of the Master Form, HSM-405, should be retained at a facility.

G. Grouped Services Report Form

1. Purpose

To establish a method of reporting workload generated by any professional at any location during the performance of the same, or a combination of, preventive or screening health services to a group of people. (See definition in 4-3.1C.3.)

2. Responsibilities

- a. The professional in charge of the grouped services clinic, or his alternate, is responsible for the completion of the "Grouped Services Report" form and submission to the respective Health Records Department. (See Exhibit 4-3.1G.2a for sample copy of form HSM-407 (Rev. 7-73).)
- b. It shall be the responsibility of the Health Records Department to mail the "Grouped Services Report" forms to their appropriate Area Office for keytaping. (The "Grouped Services Report" forms are complete documents and do not require a Master Form.)

3. Instructions for "Grouped Services Report" Form, HSM-407 (Rev. 7-73)

- a. A "Grouped Service" clinic is identified as a clinic held for the performance of any preventive or screening health service(s) for a group of individuals, regardless of its location, the number in the group, or the professionals in attendance.

(4-3.1G.3 continued)

- b. Use of the "Grouped Services Report" form is optional and is provided for use at the discretion of the professional conducting the clinic. Either a "Grouped Services Report" form may be completed or an "Ambulatory Patient Care Report" form for each individual may be filled out depending on which is easier to record and less time-consuming.
- c. The "Grouped Services Report" may be used even though all individuals in the group did not receive the 'same services. Item 7, "Total Seen", represents the total number of individuals seen at that specific clinic regardless of the services received. All other lines indicate the number of individuals receiving the designated service. In most cases the total number of services rendered will exceed the number of individuals seen.
- d. Services provided to "Indian or Alaska Native" and "Non-Indian" shall be separately reported on the "Grouped Services Report" form for each of these two groups. If an Area determines that a count of "Non-Indians" is insignificant, all services may be coded as "Indian or Alaska Native".
- e. The "Grouped Services Report" form is to be prepared by the professional in charge of the clinic, or his delegate.
- f. All entries may be manually written providing they are neat and legible. Neat and legible entries will facilitate the keytaping process and eliminate errors.
- g. The number of individuals who were provided health services at a "Grouped Services" clinic will be counted as part of the total workload for the Indian Health Service facility and Service Unit. An individual "Ambulatory Patient Care Report" form will be used for patients with an abnormal finding only to enter morbidity data into the retrieval system; however, these will not be counted in the total number of visits. On those "Ambulatory Patient Care Report" forms which are used in conjunction with the "Grouped Services Report" forms, in Item 10, "Type of Clinic", the clinic code number 09 - Grouped Services will be exclusively utilized. Following is a critique of selected items on the "Grouped Services Report" and the output reports affected:
 - (1) The individual "Ambulatory Patient Care Report" forms (use described above) will not be counted on Report 1.A - Ambulatory Patient Care Total Visits, by Primary Provider of Service, Current Month and Cumulative Year to Date, Each

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(4-3.1G.3gtl)continued)

Service Location, Service Unit Total and Area Total - in "Total Visit" count; however, the morbidity from the individual APC forms will be recorded in Report 1.C - First Visit and Revisits by Problem or Clinical Impression by Age Groups, Each Service Location, Service Unit and Area.

- (2) Item 7 - "Total Seen" will be used to generate APC Report 1.A.
- (3) Item 8 - "Number Tested or Examined by Age Group" will be used to generate Report 1.J - Grouped Services by Discipline Rendering Service and Type of Service Performed by Service Unit and Area, and 1-Q - Immunizations Given by Type for Specific Age Groups, Each Service Unit and Area Total.

4. Specific Instructions for Completing the Individual Items

- Item 1 - Facility Code - Enter the appropriate Area, Service Unit and Service Location code number in the spaces provided. Refer to IHS Standard Code Book, Section VIII, for the Service Location code which must be uniformly used,
- Item 2 - Dates of Service - Enter the date services were rendered with two digits per month, day and year. Example - January 8, 1974, enter as 01-08-74.
- Item 3 - Clinic Classification - Mark if Grouped Services were "School Related" or "Not School Related".
- Item 4 - Services Rendered by Code - Codes to be used are the same as those used on the "Ambulatory Patient Care Report" form. Following is the approved list of disciplines, as they appear in Section XV, Services Rendered By, IHS Standard Code Book:

Blank M.D.	10 Physical Therapist
01 Clinic RN	11 Physician Assistant
02 Environmental Health	12 Psychologist
03 Health Aide	13 Public Health Nurse
04 Health Educator	14 School Nurse
05 Licensed Practical Nurse	15 Other
06 Medical or Psychiatric Social Worker	16 Pediatric Nurse Practitioner
07 Nutritionist/Dietitian	17 Nurse Midwife
08 Optometrist	18 Contract Physician
09 Pharmacist	19 Mental Health Technician

OTHER SERVICES

CHAPTER 3

PROGRAM ANALYSIS REPORTS AND STATISTICS.

(403.1G.4 continued)

- Item 5 - Recipient Classification - Designate which group is being provided a health-related service - "Indian or Alaska Native" or "Non-Indian". Single form for each unless Area exercises its option.
- Item 6 - Number of Ambulatory Patient Care Report Forms Attached
- a. This space is provided to record the total number of "Ambulatory Patient Care Report" forms for patients with abnormal findings that are attached to this "Grouped Services Report" form.
 - b. The "Ambulatory Patient Care Report" form will be completed in accordance with existing instructions. The following patients are examples of those requiring an individual APC form:

Example -
 1. Patients with diagnosed notifiable diseases.
 2. Patients with diagnosed morbid conditions,
 - * 3. Children (born after June 30, 1970) who have received immunizations and are to be put on the Immunization Register. Use of register is optional to each Area.
 - c. Abnormal findings from vision or audiometric tests in a mass screening program shall not be reported on & individual "Ambulatory Patient Care Report" form.
- Item 7 - Total Seen - The numbers in this section should represent the "Total" number of individuals rendered a health service(s) at this "Grouped Services" session, by total and specific age groups. Include a count of those patients with an abnormal finding for whom an individual "Ambulatory Patient Care Report" form is provided. Each individual should be counted only once regardless of the number of health services rendered.
- Item 8 - Kind of Services Performed - Each screening test and examination has been assigned a specific code. It is permissible to report more than one screening test or examination. Following are the screening tests and examinations with their appropriate code numbers, as indicated on the form:

CHAPTER 3
PROGRAM ANALYSIS REPORTS AND STATISTICS

(4-3.1G.4 continued)

TESTSEXAMINATIONS

23 - Vision	31 - General Physical
24 - Audiometry	32 - Ears
25 - Hgb. or Hct.	33 - Trachoma
26 - Urinalysis	34 - Eyes
27 - Blood Sugar	35 - Throat
28 - Tuberculosis Chest X-ray	36 - Cardiac
29 - Serology	37 - PXC (Phlyctenular keratoconjunctivitis)
20 - Other	38 - Other

The use of the "General Physical Examination" category excludes the use of any other examination or screening test which is considered as a part of a general physical examination in this particular group, only General Physical (Code "31") should be recorded.

Item 9 - Number Tested or Examined by Age Group

- a. The first two blocks of each line are used to record the code of the screening tests or examinations as outlined in Item 8 above.
- b. The third block of each line is used to indicate whether the individuals examined have "normal" or "abnormal" findings. Use the codes as indicated on the form: 0-Normal and 1-Abnormal.
- c. In the blocks under the age groups record the number of individuals who received a specific type of screening test or examination. Example: In a vision screening program 100 children, age 5-9, were screened by Snellen for visual defects and 45 met referral criteria. The first two rows in Item 9 would be coded as follows:

7. TOTAL SEEN	UNDER 1 YR	1 YR	2 YRS	3 YRS	4 YRS	5-9 YRS	10- 14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 64	65+ YRS	WK.
100						100									
9. SERVICES PERFORMED CODES (See Item 8)	<div style="display: flex; justify-content: space-between;"> 0-Normal NUMBER TESTED OR EXAMINED BY AGE GROUP </div> <div style="display: flex; justify-content: space-between;"> 1-Abnormal </div>														
	213/	10					551								
	213111						451								

(403.1G.4 continued)

- d. If more space is needed to record the kind of screening tests and examinations, fill out only Item, 9 of a second "Grouped Services Report" form and staple the second form to the first one.
- e. Tuberculin testing for groups -of patients is reported as shown in Item 9. Report tuberculin tests m when read. If an Area is collecting tuberculin testing data from the "Ambulatory Patient Care Report" system, all individuals with positive tuberculin tests must also be reported on individual "Ambulatory Patient Care Report" forms. These "Ambulatory Patient Care Report" forms must be completed according to instructions and attached to the "Grouped Services Report" form, If tuberculin reactor rates are to be derived from the "Grouped Services Report" system, it will be mandatory for each form to include the "previous known reactors" in Item 7, "Total Seen" by age groups as well as showing them as positive (Code 221) by age groups in Item 9. The above procedure is necessary if tuberculin reactor rates are to be compiled from the Data Retrieval System.

Item 10- Number of Immunizations Provided by Age Group -

Record the number of immunizations given for each age group on the appropriate line following the specific type and series of immunization listed. If children who were born after June 30, 1970, are immunized at a "Grouped Services" clinic and the Area utilizes the Immunization Register system, their service shall be reported on an individual "Ambulatory Patient Care Report" form and entirely excluded from the summary "Grouped Services Report" (Items 6 and 10). All other immunizations given during "Grouped Services" clinics can be reported on this form.

- a. The professional in charge of a "Grouped Services" clinic should submit the completed "Grouped Services Report" form to the facility's Health Records Department. They have the responsibility of reviewing it for completeness and adequacy of reporting. If omissions or inconsistencies are found, they will be brought to the attention of the responsible person for immediate correction and proper recording in the future.
- b. The "Grouped Services Report" form shall be forwarded daily or as completed to the appropriate Area Office.
- c. No prepared copies of the "Grouped Services Report" form shall be retained at a facility.

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CHAPTER 3
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DEFINITIONS OF EXTERNAL CAUSE OF INJURY TERMS

The following are definitions of the abbreviated "External Cause of Injury" terms listed on the report form:

<u>Recode</u>	<u>ICDA E-Code</u>	<u>External Cause of Injury</u>
01	E8 10-819	Motor vehicle traffic accidents - involving collision with train; streetcar; another motor vehicle; pedestrian; other motor vehicle traffic accident involving collision; noncollision due to loss of control or while boarding or alighting; etc.
	E820-823	Nontraffic motor vehicle accidents - involving collision with moving object; with stationary object, etc.
	E825-827	Other road vehicle accidents - streetcar and pedal cycle accidents ; other nonmotor road vehicle accidents.
03	E830-838	Water transport accidents - to watercraft causing submersion or other injury; other accidental submersion or drowning, falls, machinery accident, explosion, fire, burning in water transport; etc.
04	E840 -845	Air and space transport accidents - to powered aircraft at take-off or landing; unpowered aircraft; fall in, on, or from aircraft; involving spacecraft.
05	E850-859	Accidental poisoning by drugs and medicaments - by antibiotics and other anti-infectives, hormones and synthetic substitutes, primary systemic and hematologic agents, analgesics and antipyretics, other sedatives and hypnotics, autonomic nervous system and psychotherapeutic drugs, other central nervous system depressants and stimulants, cardiovascular gastrointestinal and unspecified drugs.
	E860-869	Accidental poisoning by other solid and liquid substances - by alcohol, cleaning and polishing agents, disinfectants, paint and varnishes, petroleum products and other solvent, pesticides, fertilizers or plant food, heavy metals and their fumes, corrosives and caustics, noxious foodstuffs and poisonous plants; etc.
	E870-877	Accidental poisoning by gases and vapors - by gas distributed by pipeline ; liquefied petroleum gas ; motor vehicle exhaust gas, etc.

<u>Recode</u>	<u>ICDA E-Code</u>	<u>External Cause of Injury</u>
06	E880-387	Accidental Falls - on or from stairs, steps, ladders or scaffolding; from or out of building; into hole or other opening in surface; from one level to another; from slipping; stumbling or tripping, from collision, pushing or shoving by or with other person, etc.
07	E890-399	Accidents caused by <u>fires and flames</u> - by conflagration in private dwelling, other building or structure; not in building or structure; by ignition of clothing or highly inflammable material; etc.
08	E900-504, E907 -409	Accidents due to natural and <u>environmental factors</u> excessive heat or cold; high and low air pressure; effects of travel and motion; hunger, thirst, exposure and neglect (excluding Battered Child - see E968) ; lightning; cataclysm; etc.
09	E905	Stings of venomous animals and insects.
10	E906	Animal Related, including bites - e.g. kicked by horse.
11	E 9 1 0	Accidental drowning and submersion.
12	E920	Accidents caused by cutting or piercing instruments.
13	E922	Accidents caused by firearm missiles.
14	E928	Machinery - accident caused by machinery.
15	E950-959	Suicide attempt and self-inflicted injury - poisoning by solid or liquid substances, by gases in domestic use or by other gases; by hanging, strangulation, and suffocation; by submersion (drowning); by firearms and explosives; by cutting and piercing instruments; by jumping from high place; by other and unspecified means; and late effects of self-inflicted injury.
16	E960-969 (Excluding that part of E968 relating to "Battered Child")	Homicide and injury purposely inflicted by other persons - fight, brawl or rape, assault by corrosive or caustic substances, poisoning, hanging and strangulation, submersion (drowning), firearms and explosives, cutting and piercing instruments, pushing from high places, late effects of injury purposely inflicted by other person.

<u>Recode</u>	<u>ICDA E-Code</u>	<u>External Cause of Injury</u>
17	E968 part	Battered Child - injury or assault by any mean purposely inflicted by persons to children, pediatric age, O-14 years.
18		<u>Undetermined Causes :</u>
	E980-989	Injury undetermined whether accidentally or purposely inflicted - poisoning, hanging, strangulation, submersion, injury by firearms, explosives, cutting and piercing instruments or other means, falling from high places, etc., undetermined whether accidentally or purposely inflicted.
19		<u>Other Causes :</u>
	E800-807	Railway accidents - involving collision with rolling stock; with other object; derailment w/o antecedent collision; explosion, fire, burning; fall in, on, or from train; etc.
	E911-919, 921,923, 924,927, 929	Other accidents - inhalation and ingestion of food or other object causing obstruction or suffocation; accidental mechanical suffocation; foreign body entering eye, adnexa or other orifice; struck by falling object; caught in or between objects; overexertion and strenuous movements; accidents caused by explosion of pressure vessel, by explosive material, by hot substance, corrosive liquid and steam, by electric current, by radiation; etc.
	E930-936	Surgical and medical complications and misadventures - in operative therapeutic procedures; in diagnostic procedures ; in prophylaxis with bacterial and other vaccines; etc.
	E940-949	Late effects of accidental injury - of motor vehicle and other transport accidents; of accidental poisoning or fall; of accident caused by fire or due to natural and environmental factors; of other 'accidents, surgical operation, irradiation and other surgical and medical procedures.
	E970-978	Legal intervention - injury due to legal intervention, by any means; legal execution.
	E990-999	Injury resulting from operations of war - including late effects.

Foregoing taken from International Classification of Diseases, Adapted, Eighth Revision, Volume I, Pages 37-45.

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AMBULATORY PATIENT CARE REPORT
WRITE-IN NOTIFIABLE DISEASE LIST

APC RECODE	DIAGNOSIS	ICD-9-CM
025	Anthrax	022
026	Amebiasis	006
027	B o t u l i s m	005.1
028	Brucellosis (Undulant Fever)	023
029	Cholera	001
0 3 2	Diphtheria	032
033	E r y s i p e l a s	035
034	Food Poisoning (BaCterial)	005.0, 005.2-005.9
036	Glanders	024
037	Hepatitis, Serum	070.2-070.3
030	Herpes Simplex, Genital	054.1
031	Herpes Simplex, Oral	0 5 4 . 2
035	Herpes Simplex, Ocular	054.4
038	Hydatidosis	122
039	Infection Mononucleosis	075
0.40	Leprosy	030
041	Leptospirosis	100
042	Malaria	084
043	Meningitis, Aseptic	047, 072.1
044	Meningitis, Cerebrospinal	036.0
045	Meninococcal Infection	036.1-036.9
046	Necrotizing Ulcerative Gingivitis	101
047	Plague	020
048	Poliomyelitis (exclude late effects)	045
049	Psittacosis	073
050	Puerperal Septicemia	670
Oil	Rabies	071
052	Relapsing Fever	087
053	Rocky Mountain Spotted Fever	082.0
054	Salmonellosis (other than Typhoid)	003
055	Scabies	133.0
056	Scarlet Fever	0 3 4 . 1
057	Systemic Mycosis	039, 114-117
058	Tapeworm Infestation	123
059	Tetanus	037
060	Trichinosis	124
061	Tularemia	021
062	Typhoid Fever	002
063	Typhus	080-081
064	Viral Encephalitis (exclude late effects)	049.8-049.9, 052.0, 055.0, 056.01, 062-064, 072.2
065	Whooping Cough	0 3 3
066	Yellow Fever	060
067	All Other Infective and Parasitic Diseases	007, 025-027, 031, 038, 040-041, 046, 048-049.1, 050-051, 052.7-052.8, 053, 054.0, 054.3, 054.5-054.9, 055.7-055.8, 056.00, 056.09, 056.79-056.8, 057, 061, 065-066, 072.3, 072.72-072.8, 074 078.0, 078.2-079, 082.1-083, 085-086, 088, 102-104, 118, 120-121, 125-130.0, 130.2-131, 135-136, 138-139

AMBULATORY PATIENT CARE REPORT DIAGNOSIS CODE LTST
COMPARED WITH ICD-9-CM DETAILED LIST

DIAGNOSIS		ICD-9-GM
INFECTIVE AND PARASITIC DISEASES		
0 0 1	Measles	055.9
002	Rubella (German Measles)	056.9
003	Mumps	072.9
004	Chickenpox	052.9
005	TB, Pulm., Active	010-012
006	TB, Pulm., inact. after treatment :	
007	TB, Pulm., not know to have been active	
008	TB, extrapulmonary	013-018
009	TB, late effects, all sites	137
010	TB convertor (Neg. within '1 year)	//
011	TB reactor	1/
012	Tuberculosis Contact, Neg. Skin Test	V o l . 1
013	Bacillary Dysentery (shigello\$is)	004
014	Gastroenteritis, Diarrhea, etc., NOS	008-009, 558.9
015	Infectious Hepatitis	070.0-070.1, 070.4-070.9, 072.71
016	Syphilis, Prim., Sec, or Early Latent	091-092
017	Syphilis, Other	090, 093-097
018	Gonococcal Infections	098
019	Other Venereal Diseases	199
0 2 0	Ectoparasitic. Infestations	132; 133.8-133.9, 134
021	Trachoma (exclude late effects)	076
022	Strep Throat	134.0

WRITE-IN NOTIFIABLE DISEASES

025	Anthrax	022
026	Amebiasis	006
027	Botulism	005.1
028	Brucellosis (Undulant Fever)	023
029	Cholera	001
032	Diphtheria	032
033	Erysipelas	035
034	Food Poisoning (Bacterial)	005.0, 005.2-005.9.
0 3 6	Glanders	024
0 3 7	Hepatitis, Serum	070.2-070.3
030	Herpes Simplex, Genital	054.1.
031	Herpes Simplex, Oral	054.2
035	Herpes Simplex, Ocular	054.4
038	H y d a t i d o s i s	1 2 2
039	Infection Mononucleosis	075
040	Leprosy	030
041	Leptospirosis	100
042	Malaria	084

1/ ICD-9-CM code 795.5 implies either APC recode 010 or 011.

PROGRAM ANALYSIS-REPORTS AND STATISTICS

D I A G N O S I S
I C D - 9 - C M

INFECTIVE AND PARASITIC DISEASES (continued)

043	Meningitis., Aseptic	O47	072.1,
044	Meningitis, Cerebrospinal		036.0
045	Meninococcal Infection		036.1-036.9
046	Necrotizing Ulcerative Gingivitis		101
047	Paratuberculosis	O 2 0 0	4 8
048	Polio myelitis (exclude late effects)		, 0 4 5
049	Psittacosis		073
050	Puerperal Septicemia		670
051	Rabies		071
052	Relapsing Fever		087
053	Rocky Mountain Spotted Fever		082.0
054	Salmonellosis (other than Typhoid)		003
055	Scabies		133.0
056	Scarlet Fever		034.1
057	Systemic Mycosis	039,	114-117
058	Tapeworm Infestation		123
059	Tetanus		037
060	Trichinosis		124
061	Tularemia		021
062	Typhoid Fever		002
063	Typhus		080-081
064	Viral Encephalitis (exclude late effects)	049.8 049.9, 052.0, 055.0,	
065	Whooping Cough	050.1, 6 2 - 0 6 4 ,	072.2
066	Yellow Fever		060
067	All Other Infective and Parasitic Diseases	007, 025-027, 031, 038, 040-041, 046, 048-049.1, 050-051, 052.7-052.8, 053, 054.0, 054.3, 054.5-054.9, 055.7-055.8, 056.00, 056.09, 056.79-056.8, 057, 061, 065-066, 072.3, 072.72-072.8, 074 078.0, 078.2-079, 082.1-083, 085-086, 088, 102-104 118, 120-121, 125-130.0, 130.2-131, 135-136, 138-139	
<u>NEOPLASMS</u>			
070	Neoplasms, Malignant		140-208
071	Neoplasms, Benign and Unspecified	210-233.0, 233.4-235, 236.4-239	

ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS

080	Diabetes Mellitus	250
081	All Other Endocrine Disorders	240-246, 251-259
082	Protein Malnutrition and Marasmus	260-263
083	Obesity, Non-Endocrine	278.0
084	Vitamin Deficiencies	264-269.2
085	Other Nutritional Disorders	269.3-269.9
086	Metabolic Disorders	270-277, 278.1-279

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<u>DIAGNOSIS</u>	<u>ICDA</u>
<u>ENDOCRINE. NUTRITIONAL. AND METABOLIC DISORDERS</u>	
080 Diabetes Mellitus	2 5 0
081 All Other Endocrine Disorders	2 4 0 - 2 4 6 , 2 5 1 - 2 5 8
082 Protein Malnutrition and Marasmus	267-268
083 Obesity, Non-Endocrine	2 7 7
084 Vitamin Deficiencies	260-266
085 Other Nutritional Disorders	269, 278
086 Metabolic Disorders	270-276, 279
 <u>DISEASES OF BLOOD AND BLOOD-FORMING ORGANS</u>	
100 Iron Deficiency Anemia	280
101 Other Anemias	281-285
102 Other Diseases of the Blood and Blood- Forming Organs	286-289
 <u>MENTAL DISORDERS</u>	
120 Organic Brain Syndrome	290, 292-294, 309
125 Schizophrenia and Other *Psychoses	295-299
130 Neuroses (Anxiety, Depressive, etc.)	300
135 Personality Disorders	301
140 Physical Disorders, presumably psychogenic	305
145 Adjustment Reaction of Adulthood	307
150 Drug Dependence or Abuse	304
159 Alcoholism, Acute or Chronic	291, 303.0-303.9, 980.0
160 Mental Retardation	310-315
170 Behavioral Disorders of Childhood and Adolescence	308
175 Other Mental Disorders	302, 306
 <u>DISEASES OF NERVOUS SYSTEM</u>	
200 Inflammatory Diseases of Central Nervous System	320-324
201 Epilepsy and Convulsive Disorder	345, 780.2
202 Other Diseases of Nervous System	330-333, 340-344, 346-358
 <u>EYE DISEASES</u>	
209 Conjunctivitis (excluding Trachoma)	078, 360
210 Refractive Error	370
211 Cataract	374
212 Glaucoma	375
213 Phlyct. Keratoconjunctivitis (PKC)	363.9
214 Other Inflammatory Diseases of Eye	361-363.0, 364-369
216 Other Eye Diseases	371-373, 376-379

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<u>DIAGNOSIS</u>	<u>ICDA</u>
<u>EAR DISEASES</u>	
249 External Otitis	380
250 Acute Otitis Media	381.0, 382.0, 383.0
251 Chronic Otitis Media w/wo Mastoiditis	381.1, 381.9, 382.1, 382.9 383.1, 383.9
254 Hearing Loss and Deafness	388-389
255 Cholesteatoma	387.0
256 Other Diseases of Ear	384-386, 387.1-387.9
<u>DISEASES OF CIRCULATORY SYSTEM</u>	
280 Ischemic Heart Disease	410-414
281 Active Rheumatic Fever	390-392
282 Chronic Rheumatic Heart Disease	393-398
283 Hypertensive Disease	400-404
284 Cerebrovascular Disorders	430-438
285 Other Heart & Arterial Dis. (Ex. CNS)	420-426, 427.1-429, 440-448
286 Diseases of Veins & Lymphatics	450 - 458
287 Congestive Heart Failure, Etiology Unknown	427.0, 782.4 (also code to dx if known)
<u>DISEASES OF RESPIRATORY SYSTEM</u>	
300 Upper Resp. Infection, Common Cold	460-461, 464-465
301 Pharyngitis & Tonsillitis (Non-Strep)	462, 463
302 Other Diseases of Upper Respiratory Tract	500-506, 508
303 Influenza	470-474
304 Acute Bronchitis or Bronchiolitis	466
305 Respiratory Allergy, Asthma & Hay Fever	493, 507
306 Pneumonia	480-486
307 Chronic Bronchitis/Emphysema	490-492
310 All Other Respiratory Diseases	510-511, 512, 513, 514-517, 518, 519
<u>DISEASES OF DIGESTIVE SYSTEM</u>	
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351 Peptic Disease of Stomach & Duodenum	531-534
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353 Cirrhosis of Liver	571
354 Diseases of Gallbladder & Bile Ducts	574-576
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356 Other Diseases of Mouth	526-529
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<u>DIAGNOSIS</u>	<u>ICDA</u>
<u>DISEASES OF URINARY TRACT</u>	
400 Urinary Tract Infection (Kidney & Bladder)	590, 595, 599.0
410 Nephritis and Nephrosis	580-581, 583-584
411 Chronic Renal Failure	582
420 Other Diseases of Urinary System .	591-594, 596-598, 599.1, 599.2, 599.9
 <u>440 ALL DISEASES OF MALE GENITALIA</u> (Excluding Venereal Disease)	 600-607
 <u>FEMALE GENITALIA AND BREAST</u>	
450 Infect. of Female Genitalia (Excl. VD)	612-614, 616.0, 620, 622
452 Disorders of Menstruation	626
460 Abnormal Cytology	234
461 Other Gynecologic Problems	615, 616.1-616.9, 621, 623-625, 627-629
470 Diseases of Breast (Excl. Puerperal)	610-611
 <u>PREGNANCY, CHILDBIRTH & THE PUERPERIUM</u>	
480 Prenatal Care	Y06
481 Abortion	640-645
482 Hemorrhage of Pregnancy	632
483 Anemia of Pregnancy	633
484 Urinary Tract Inf. of Preg. & Puerperium	635-636
485 Toxemia of Pregnancy	637-639
486 Other Complications of Pregnancy	631, 634.0-634.6, 634.8-6x.9
487 Labor and False Labor	634.7
489 Infect. of Genital Tract During Pregnancy	630
490 Postpartum Care	Y07
491 Complications of the Puerperium	671-677
492 Mastitis & Disorders of Lactation	678
495 Family Planning (for Contract Health Services use only)	Y09.1-Y09.3
 <u>DISEASES OF SKIN & SUBCUTANEOUS TISSUE</u>	
500 ,Impetigo	684
501 Other Bactedal Infections of Skin	680-683, 685-686
502 Infected Wounds	8700918(.1), 873.3, 873.8, 879.8
503 Warts	079.1
504 Fungal Diseases	110-11.2
505 Acne	695.3, 706.0-706.1
510 Eczema, Urticaria or Skin Allergy	691-692, 708
520 Other Diseases of Skin	690, 693-695.2, 695.4-698, 700-705, 706.2-707, 709

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PROGRAM ANALYSIS REPORTS AND STATISTICS

<u>DIAGNOSIS</u>	<u>ICDA</u>
<u>MUSCUIOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>	
550 Rheumatoid Arthritis	712
555 Osteoarthritis	
560 Other Forms of Arthritis	710 -711, 714-718
565 Disorders of the Spine	725-726, 728, 729.0-729.1,
570 Other 3 one and Joint Disorders	720 -724, 727, 729.2-729.9
575 Other Musculoskeletal & Conn. Tissue Diseases	730-734, 736-738
 <u>CONGENITAL ANOMALIES</u>	
600 -Heart and Great Vessels	746-747
610 Cleft Lip and Palate	749
620 Congenital Dislocation of Hip	755.6
630 Other Congenital Anomalies	740-745, 748, 750-755.5, 755.7-755.9, 756-758, 759
 650 <u>CERTAIN CAUSES OF PERINATAL MORBIDITY</u>	 760-779
 <u>ACCIDENTS, POISONINGS, AND VIOLENCE</u>	
700 Fracture of Skull, Spine or Trunk	800-809
701 Fracture of Extremity	810-829
702 Dislocations, Sprains and Strains	830-848
710 Intracranial Injury	850-854
711 Internal Thoracic Injury	860-862
712 Internal Abdominal Injury	863-869
720 Injuries to Eye	870-871 (Excludes complicated), 921, 930, 940, 950
730 Laceration or Open Wound	872-887, 890-897, 900-907 (Excludes "l" complicated,, 873.3, 873.8, and 879.8)
731 Superficial Injury or Contusion	910-918 (Excludes ".1" Infected), 920, 922-929
740 Effects of Foreign Body Entering Through Orifice	931-939
750 Burns	941-949
760 Injury to Nerve or Spinal Cord	951-959
770 Adverse Effect of Medicinal Agent	960-979
771 Toxic Effect of Non-Medicinal Substances (Excluding ethyl alcohol)	980.1-989
790 Effects of Reduced Temperature and Excessive Dampness	991
791 Other Adverse Effects	990, 992-996, 997-999.1, 999.3
792 Involved in Accident, No injury or Adverse Effect	

<u>DIAGNOSIS</u>	<u>ICDA</u>
<u>SYMPTOMS AND ILL-DEFINED CONDITIONS</u>	
800 Precordial Pain, Palpit., or Tachycardia	782.0-782.2
801 Syncope or Fainting	782.5
802 Epistaxis	783.0
803 Cough	783.3
804 Nausea and Vomiting	784.1
805 Abdominal Pain	785.5
806 Fever of Unknown Origin	788.6
807 Nervousness and Debility	790
808 Headache	791
810 All Other Symptoms	780.0-780.1, 780.3-781, 782.3-782.4, 782.6-782.9, 783.1-783.2, 783.4-783.7, 784.0, 784.2-784.7, 785.0-785.4, 785.6-785.8, 786-787, 788.0-788.5, 788.9, 789, 792
811 Observation	793
812 Other Ill-Defined or Undiagnosed Diseases	794- 796
<u>SUPPLEMENTAL</u>	
818 Well Child Care	Y00.5
819 Other Preventive Health Services	Y00.1, Y00.4, P00.6, Y02
820 Hospital Medical or Surgical Followup*	Y03.3, Y03.4, Y03.9, Y10, Y12
821 Physical Examination	Y00.0
823 Tests Only (Lab, X-ray, Screening)	Y00.2, Y00.3, Y00.7-Y00.9, Y01
824 Contact/Carrier of Infectious Disease	Y04.1-Y04.9, Y05
825 Socio-Economic Problems	
826 Environmental Problems	
827 All Other	Y0B, Y09.0, Y11, Y13, Y14, Y15
Immunization Only (No code required)	Y02

*Postoperative followup - To be used only for as long as the physician is seeing the patient to evaluate and render services to the operative site; underlying disease and physiological result of the surgery notwithstanding.

CHAPTER 3
PROGRAM ANALYSIS REPORTS AND STATISTICS

AMBULATORY PATIENT CARE REPORT FORMAT TITLES AND FREQUENCY OF REPORTING

Table No. Title

- 1.A - Ambulatory Patient Care Total Visits, by Primary Provider of Service, Current Month and Cumulative Year to Date, Each Service Location, Service Unit Total and Area Total (Monthly)
- 1.B - New Cases (First Visits) of Notifiable Diseases by Each Service Unit and Area (Monthly and Annual Calendar Year)
- 1.C - First Visit and Revisits by Problem or Clinical Impression by Age Groups - Each Service Location, Service Unit and Area Total (Quarterly and Cumulative Annual)
- 1.D - Indicator Conditions by First Visit and Community of Residence, Each Service Unit and Total Area (Semiannual)
- 1.E - External Cause of Injury (1st Visit) Relating to Place of Injury, By Each Service Unit and Area (Annual)
- 1.F - Nature of Injury (1st Visit) Relating to External Cause of Injury, by Service Unit and Area (Annual)
- 1.G - Ambulatory Patient Care Visits by Service Unit, Service Locations, and by Community of Residence (Annual)
- 1.H - Ambulatory Patient Care Visits by Service Unit and Community of Residence, Each Area (Annual)
- 1.I - Prenatal and Postpartum Attendance by Service Location, Service Unit, and Area Total (Annual)
- 1.J - Grouped' Services by Discipline Rendering Service and Type of Service Performed, by Service Unit and Area (Semiannual and Cumulative Annual)
- 1.K - Patients Practicing Birth Control by Method, by Service Unit and Area (Monthly to Service Units and Area Office, Monthly to Headquarters Showing Area and IHS Totals)
- 1.L - Family Planning Appointment Schedule, by Service Unit (Monthly to Service Units, Area, and Headquarters)
- 1.M - Oral and IUD Woman Months and Infertility Control, by Service Unit and Area (Annually to Service Units and Area Office, Annually to Headquarters, Showing Area and IHS Totals)

 CHAPTER 3
 PROGRAM ANALYSIS REPORTS AND STATISTICS

Ambulatory Patient Care Report Format Titles and Frequency of Reporting (Cont)

Table No. Title

- 1.N - Patients Discontinuing Birth Control by Reason (Annually to Service Units and Area Office, Annually to Headquarters, Showing Area and IHS Total)
- 1.O - Patients Changing Birth Control Method, by Service Unit and Area (Annually to Service Units and Area Office, Annually to Headquarters, Showing Area and IHS Totals)
- 1.P - Number of New Cases in the Age Group According to Gravida, by Service Unit and Area (Annually to Service Units and Area Office, Showing Area Totals Only, Annually to Headquarters, Showing Area and IHS Totals)
- 1.Q** - Immunizations Given by Type, for Specific Age Groups - Each Service Unit and Area Total (Semiannual and Cumulative Annual)
- 1.R - Immunization Levels by Service Unit and Area (Quarterly)
- 1.S - Listing of Individuals Whose Immunizations Are Not Current by Service Unit (Quarterly)
- 1.T - First Visit and Revisit to Facility During Fiscal Year by Age Groups and High Use Listing, Each Facility (Annual)
- 1.U - Ambulatory Patient Care Physician Visits and Diagnostic Services Requested by Time of Week Day and Saturday and Sunday, Each Facility, Service Unit and Area Total (Annual)
- 1.V - Tuberculosis Register - Future and Overdue Appointment Listings and Patients Lost from Prophylaxis or Treatment, by Service Unit (Monthly)
- 1.W - Tuberculin Skin Testing Results by Age -(Annual)
- 1.X - Ambulatory Patient **Care** Visits by Type of Facility - Headquarters ,Use Only (Monthly)
- 1.Y** - Ambulatory Patient Care Total Outpatient Visits by Type of Facility, Service Unit, Area and Headquarters Total - Headquarters Use Only (Monthly)

Ambulatory Patient Care Report Format Titles and Frequency of Reporting (Cont.)

SEE ATTACHED SAMPLE OF REPORT FORMATS WITH INTERPRETATIONS.

Special reports may be obtained by Areas or Service Units. Request for special reports shall be directed through channels (Service Unit Director - Area Director - Director, Indian Health Service), in accordance with provisions of IHS Circular No. 70-1.

I. A - AMBULATORY PATIENT CARE TOTAL VISITS, BY PRIMARY PROVIDER OF SERVICE, CURRENT MONTH AND CUMULATIVE YEAR TO DATE, EACH SERVICE LOCATION, SERVICE UNIT TOTAL AND AREA TOTAL

MONTHLY

Month _____

Primary Provider of Service	Total Visits		Ambulatory Care				Grouped	Servicer
	Current Month	Cumulative Fiscal Year To Date	Current Month	Percent of Total	Cumulative Fiscal	ar To Date	Current Month	Cumulative Fiscal Year To Date
			Number		Percent of Total	Number		
M.D. Clinic R.N. Environmental Health Health Aide Health Educator Licensed Practical Nurse Med. /Psych. Social Worker Nutritionist/Dietician Optometrist Pharmacist Physical Therapist Physician Assistant Psychologir t Public Health Nurse School Nurse Pediatric Nurse Practitioner Nurse Midwife Contract Physician Mental Health Technician Other Unspecified Did Not Answer TOTAL								

Interpretation

1. This table provides the total ambulatory patient care visits, a combination of visits reported on grouped services forma with those reported on ambulatory patient care report forms, by current month and cumulative fiscal year to date for each facility, service unit, and area total.

2. The left hand column lists those disciplines who were shown as the “Primary Provider” of health servicer in Item 11, for each service location,’ service unit, and area total.

ATTACHMENT IV

Interpretation

1. This table provides the total ambulatory patient care visits, a combination of visits reported on grouped services forms with those reported on ambulatory patient care report forms, by current month and cumulative fiscal year to date for each facility, service unit, and area total.
2. The left hand column lists those disciplines who were shown as the "Primary Provider" of health services in Item 11, for each service location, service unit, and area total.

1B - NEW CASES (FIRST VISITS) OF NOTIFIABLE DISEASES BY EACH SERVICE UNIT AND AREA

MONTHLY AND ANNUAL CALENDAR YEAR

		A G E G R O U P S									
Disease		TOTAL NEW CASES	O-27 Days	28 days- 11 mos.	1 - 4	5 - 9	10 - 14	15 - 24	25 - 44	45 - 64	65+ Unknown
001	Measles										
002	Rubella (German Measles)										
003	Mumps										
004	Chickenpox										
005	TB, Pulmonary, Active										
014	Gastroenteritis, Diarrhea, etc.										
022	Strep Throat										
041	Meningitis, Aseptic										
065	Whooping Cough										
TOTAL											

Interpretation

1. The left-hand column gives the **notifiable** disease **categories** which **are required reportable diseases** by the Indian Health Service.
2. For each notifiable disease category a distribution is made for total new cases and by various age groups.
3. This table **will** summarize new cases (first visits) of notifiable diseases diagnosed through outpatient services by month or calendar year, as titled, for service unit and/or area.
4. If a notifiable disease is diagnosed as an outpatient service and the patient is admitted to an IHS hospital, the notifiable disease will be shown on Inpatient Report 2.K, rather than on the current report.

I.C - FIRST VISIT AND REVISITS BY PROBLEM OR CLINICAL IMPRESSION, BY AGE GROUPS -
EACH SERVICE LOCATION, SERVICE UNIT, AND AREA

QUARTERLY & CUMULATIVE ANNUAL

Listing of Problem or Clinical Impressions By Total Visits, First Visits, and Revisits

Quarterly (First Three Quarters Only)

Code	Diagnosis	Total	First	Revisit	Code	Diagnosis	Total	First	Revisit
001	Measles	20	10	10	350	Gastritis & Duodenitis	40	30	10
005	TB, Pulmonary, Active	4	1	3	353	Cirrhosis of Liver	20	1	19
014	Gastroenteritis, Diarrhea	32	28	4	356	Other Diseases of Mouth	10	8	2
Total Infective & Parasitic Diseases		56	39	17	Total Diseases of Digestive System		70	39	31

* * * * *

Cumulative Annual

Problem or Clinical Impression	TOTAL	AGE GROUPS								
		0-27 Days	28 days- 11 mos.	1 - 4	5 - 9	10-14	15-24	25-44	45-64	65+ Unk.
004 Chickenpox										
First Visit		This report is for <u>all</u> "Ambulatory Patient Care Report" activity in the Service Unit. each Hospital, Health Center, Health Station, and Field Clinics.								
Revisit										
015 Infectious Hepatitis										
First Visit		fntervretatlog:								
Revisit										
Total Infective & Parasitic Diseases		<ol style="list-style-type: none"> The left hand column shows all diagnosis/diagnoses reported for each patient visit. For each Diagnosis a distribution is made as to "First Visit" or "Revisit" for that specific condition. Total episodes and age groups are self-explanatory. Family planning and immunization services will be listed at the end of the report even though there is not a specific diagnosis listed for same. Bottom row total's are simple vertical totals, Excludes only those records whose "Disposition" was shown as "Did <i>Not</i> Answer". 								
TOTAL VISITS										
First Visit										
Revisit										

APPENDIX IV

(10/1/73)

IN No. 73-6

I.D - INDICATOR CONDITIONS BY FIRST VISIT AND **COMMUNITY** OF RESIDENCE, **EACH** SERVICE UNIT AND TOTAL AREA

SEMIANNUAL

INDICATOR CONDITIONS													
	Popula- tion	Rubercu- losis	V.D. All Types	Pre- natal Visits	Well Child Visits	Enteric Infec- tion	Hepa- titis	ALCOHOL Acute & Chronic	Acci- dents	Hospital Admiss ions	Four Indicator Conditions Selected By Each Area Office		
FOR INFORMATIONAL PURPOSES ONLY													
<u>MONTANA - 30</u>		APC Codes 005-011	APC Codes 016-019	APC Codes 480	APC Code 818 & 0-5 yrs. of age	APC Codes 013 014 026 034 054 062	APC Codes 015	APC Codes 159	APC Codes 700-792	Item 34 Boxes 3 and 4			
Glacier - 18 (Total)													
001 - Browning	Number Rate												
002 - Heart Butte	Number Rate												
003 - Babb	Number Rate												
004 - Central	Dumber Rate												
TOTAL BLACKFEET SERVICE UNIT													
TOTAL - MONTANA													
TOTAL - WYOMING													
TOTAL - BILLINGS AREA													
UNSPECIFIED													

1. This table gives the number of ambulatory patient care visits by community of residence of the patients, for first episodes of specific Indicator Condition6 listed on the top of the table.

2. The visit is recorded by community of residence and Indicator Condition, regardless of what Service Unit or Health Facility the patient visited.

3. The table is complete for each Service Unit and covers only those "Ambulatory Patient Care Report" forms processed during the report.

4. The "Service Unit Total". line represents the number of Indicator Conditions which were provided to patients whose residence was reported within the geographic boundaries of the Service Unit during the semiannual period.

5. Also provided is the total number of patients for first episodes of the Indicator Conditions by State and Area.

6. Each Area must provide the ADPC with the population for specific communities if they want rates in addition to absolute numbers.

7. All "Communities of Residence" for which there is only one Indicator Condition will be lumped together into a special Item titled "All Other Communities".

APPENDIX IV

Interpretation

1. This table gives the number of ambulatory patient care visits by community of residence of the patients, for first episodes of specific Indicator Condition6 listed on the top of the table.
2. The visit is recorded by **community** of residence and Indicator Condition, **regardless** of what Service Unit or Health Facility the patient visited.
3. The table **is** complete for each Service Unit and covers only those "Ambulatory Patient Care Report" forms processed during the report.
4. The "Service Unit Total". line represents the number of Indicator Conditions which were provided to patients whose residence was reported within the geographic boundaries of the Service Unit during the semiannual period.
5. Also provided is the total number of patients for first episodes of the Indicator Conditions by State and Area.
6. Each Area **must** provide the ADPC with the population for specific **communities** if they want rates in **addition** to **absolute** numbers.
7. All "**Communities** of Residence" for which there is only one Indicator Condition will be lumped together into a special Item titled "All Other **Communities**".

I.E - EXTERNAL CAUSE OF INJURY (1ST VISIT) RELATING TO PLACE OF INJURY, BY EACH SERVICE UNIT AND AREA

ANNUAL

External Cause of Injury	TOTAL 1st Visit	PLACE OF INJURY											Not Specif.
		Home Inside	Home Outside	Farm, Ranch	School	Industrial Place & Premise	Recrea- tion & Sport	Highway & Street	Public Build- ing	Residen- tial Insti- tution	Hunting & Fishing	Other	
Motor Vehicle Accident													
Alcohol Related													
Water Transport													
Alcohol Related													
Air Transport													
Alcohol Related													
Accidental Poisoning													
Alcohol Related													
Accidental Falls													
Alcohol Related													
Fires and Flames													
Alcohol Related													
Environmental Factors													
Alcohol Related													
Stings and Venoms													
Alcohol Related													
Animal Related, Including Biter													
Alcohol Related													
Drowning and Submersion													
Alcohol Related													
TOTAL SERVICE UNIT													
Motor Vehicle Accident													
Alcohol Related													
Water Transport													
Alcohol Related													
TOTAL AREA													

Interpretation

1. This table consists of all 1st visits for Diagnosis by "Nature of Injury" when reported as first visit on the APC Report Form in Item 26.
2. The number of visits by External Cause of Injury and whether "alcohol related" is cross-correlated with the Place of Injury for each Service Unit.
3. Also provided is the total number of External Causes of Injury and total Places of Injury for each Service Unit.

APPENDIX IV,

1.G - AMBULATORY PATIENT CARE VISITS BY SERVICE UNIT, SERVICE LOCATIONS AND BY COMMUNITY OF RESIDENCE

ANNUAL

STATE, County & Community	TOTAL VISITS	Browning	Heart Butte	SERVICE LOCATIONS						Service Locations Outside Service Unit
				Each Area must indicate the service location to be shown if there are more than 10 locations within a Service Unit.						
<u>MONTANA</u>										
Glacier County - 18										
001 - Browning										
002 - Heart Butte										
003 - Heart Butte (Rural)										
004 - Babb										
005 - Central Reservation										
TOTAL, Montana										
TOTAL, Blackfeet Service Unit										
TOTAL, Area										
Communities Outside Service Unit										
Communities Outside Area										
Unspecified										

Interpretation

1. This table gives the number of Ambulatory Patient Care "First Visits" and "Revisits" during a fiscal year by community of residence of the patient and by the Service Location where seen. First Visit and Revisits will be based on individual IRS Unit Numbers; consequently, this report will include only those records where IRS Unit Number and community of residence are recorded.
2. The "Total Visits" column will show only the total number of visits made in Service Unit facilities by people from a given community. (First Visit and Revisits in this column would not be valid due to patient identification systems.)
3. The number of visits in the Service-Location facility columns represents the number of "First Visits" and "Revisits" during a fiscal year made to that facility by people from a given community.
4. The Service Unit row total line represents the number of visits to each Service Location and total Service Unit.
5. The purpose of this report was to provide an Index of Indian Health Service utilization for each facility by the Indian people according to where they live.
6. All "Communities of Residence" for which there is only one visit will be lumped together into a special item titled "All Other Communities".

1. H - AMBULATORY PATIENT CARE VISITS BY SERVICE UNIT AND COMMUNITY OF RESIDENCE, EACH AREA

ANNUAL

STATE, County 6 Community	Total Visits	Inter- mountain	Blackfeet	SERVICE UNITS						Wind River	Northern Cheyenne	Rocky Boy's	Other
				Crow	Flathead	Fort Belknap	Fort Peck						
<u>MONTANA - 34</u>													
<u>Glacier County - 18</u>													
001 - Browning													
002 - Heart Butte													
003 - Heart Butte (Rural)													
004 - Babb													
005 - Central Reservation													
TOTAL - Glacier County													
<u>Pondera County - 37</u>													
001 - Valier													
002 - Dupuyer													
TOTAL - Pondera County													
\\ \\ \\ \\													
TOTAL - MONTANA													
\\ \\ \\ \\													
TOTAL - AREA													
UNSPECIFIED													

Interpretation

1. This table gives the number of ambulatory patient care visits provided in an IHS Area by Service Unit and by the community of residence of the patients.
2. The "Total Visits" column represents the total number of visits in an IHS Area by people from a given community.
3. The number of visits in the Service Unit columns represent the total number of visits made in that Service Unit by people from a given community.
4. The Service Unit row total line represents the number of visits to each Service Unit and total for Area.
5. The purpose of this report was to provide an index of Indian Health Service utilization for each Service Unit in an Area by the Indian people according to where they live.
6. All "Communities of Residence" for which there is only one visit will be lumped together into a special item titled "All Other Communities."

1. I - PRENATAL AND POSTPARTUM ATTENDANCE BY SERVICE LOCATION, SERVICE UNIT, AND AREA TOTAL

ANNUAL.

	TOTAL	Marital Status			GRAVIDA																
		Married	Not Married	Unspecified	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Unspecified
PRENATAL																					
<u>Prenatal First Visits</u>																					
First Trimester																					
Second Trimester																					
Third Trimester																					
TOTAL PRENATAL FIRST VISITS																					
TOTAL PRENATAL REVISITS																					
TOTAL PRENATAL VISITS -SERVICE LOCATION																					
AVERAGE NUMBER OF PRENATAL VISITS																					
POSTPARTUM VISITS -SERVICE LOCATION																					

Interpretation

1. **This is an annual** table for the Service Unit providing prenatal Attendance by marital status and gravida. **Gravida** equals number of times pregnant (Item 18 on report form). If that Item is **not** completed on the report form, the prenatal visit will fall in the "Unspecified" gravida column.
2. Prenatal **"First Visits"** equal first visits for a pregnancy, reported by **which** of the **three** trimesters the visit was made in.
3. **Subtotal equals total number of first prenatal visits** (i.e., new prenatal patients).
4. Prenatal "Revisits" equals the number of visits other than "first visits" for prenatal care.
5. **Total** prenatal visits equals the sum of prenatal **"first visits" plus** the prenatal "revisits".
6. Average Number of Prenatal Visits per pregnancy **is** the total prenatal visits divided by the first prenatal visits.

	PHYSICIAN				PUBLIC HEALTH NURSE				SCHOOL NURSE				OTHER	
	INDIAN		NON-INDIAN		INDIAN		NON-INDIAN		INDIAN		NON-INDIAN		INDIAN	NON-INDIAN
	#	Total Screened	Abnor. Findings	#	Total Screened	Abnor. Findings	#	Total Screened	Abnor. Findings	#	Total Screened	Abnor. Findings	Total Screened	Abnor. Findings
General Phys.														
TB Skin Test														
TB Chest X-ray														
Vision														
Immunizations														

Interpretation

- This table gives the number of Grouped Services provided by discipline providing the health service and by type of service performed. The "Other" column will include all disciplines other than physician, public health nurse, and school nurse even though reported separately on Grouped Services Report.
- For each discipline and type of service the table gives the number of visits to Indians and to Non-Indians; and for each of those variables it gives the total screened and the number of abnormal findings.
- The Service Unit row total line represents total screened and abnormal finding, by discipline of services provided in the semiannual period and cumulative annual period.

1. This table gives the number of Grouped Services provided by discipline providing the health service and by type of service performed. The "Other" column will include all disciplines other than physician, public health nurse, and school nurse even though reported separately on Grouped Services Report.
2. For each discipline and type of service the table gives the number of visits to Indians and to Non-Indians; and for each of those variables it gives the total screened and the number of abnormal findings.
3. The Service Unit row total line represents total screened and abnormal finding, by discipline of services provided in the semiannual period and cumulative annual period.

1.K - PATIENTS PRACTICING BIRTH CONTROL BY METHOD BY SERVICE UNIT & AREA

MONTHLY TO SERVICE UNITS AND AREA OFFICE; MONTHLY TO HEADQUARTERS
SHOWING AREA AND IHS TOTALS

Type of Contraceptive	New Cases			Total Patients*		Total Visits		Restarts		Prevalence*	Percent of Potent. Users Family Ping.
	Month	F.Y. Cum.	Prg/Cum.	Month	F.Y. Cum.	Month	F.Y.Cum.	Month	F.Y.Cum.		
Oral											
IUD											
Rhythm											
Other											
TOTAL											
etc.											
etc.											

Dependent on furnishing Data Processing Service Center with target population Ao can be built into system.

Interoretatlon

1. This table gives the number of new cases practicing birth control by type of contraceptive for the current month, fiscal year cumulative to date and program cumulative to date.
2. The table gives the total family planning patients seen by type of contraception for the current month and the fiscal year cumulative to date. This is dependent upon identification of each individual in the Family Planning Register.
3. The table gives the total family planning visits seen by type of contraception for the current month and the fiscal year cumulative to date.
4. The table gives the number of birth control restarts by type of contraception for the current month and the fiscal year cumulative to date.
5. The Prevalence And Percent of Potential Users on Family Planning by type of contraceptive is also provided.

*Dependent upon identification of each individual in the Family Planning Register.

1.1 - FAMILY PLANNING APPOINTMENT SCHEDULE BY SERVICE UNIT

MONTHLY TO SERVICE UNITS, AREA AND HEADQUARTERS

Service Unit	Future Appointments				Overdue Appointments				Dropouts			
	Patient Number	Scheduled Encounter	Type Contracept	Satellite Clinic	Patient Number	Scheduled Encounter	Type Contracept	Satellite Clinic	Patient Number	Date Last Seen	Dropout Deet	Type Contracept.
Browning	00080	02/ 5/71	Oral		000163	11/15/71	Oral	30	000097	03/20/71	06/20/69	Oral
	00011	02/21/71		20								
Crow												
<p>Interpretation</p> <ol style="list-style-type: none"> 1. This table is dependent upon identification of each individual in the Family Planning Register. 2. This table provides a listing by patient unit number of future appointments with scheduled encounter date, type of contraception and satellite clinic code number, if appropriate. 3. This table provides a listing by patient unit number of overdue appointments with scheduled encounter date, type of contraception and satellite clinic code number, if appropriate. 4. This table provides a listing by patient unit number of family planning dropouts, with date last seen, dropout date and type of contraception. 5. Refer to MS Manual 4-3.1E.4f for definition of terms Overdue Appointment and Dropout. 												

L.M - ORAL AND IUD WOMAN MONTHS AND INFERTILITY CONTROL BY SERVICE UNIT AND AREA

**ANNUALLY TO SERVICE UNITS AND AREA OFFICE
ANNUALLY TO HEADQUARTERS, SHOWING AREA
AND IHS TOTALS**

Service Unit	Woman Months for F.Y.			Infertility Control	
	Total	Oral	IUD*	Patients. F.Y. Cum.	Visits, F.Y. Cum.
Browning					
Crow Agency					
etc. ↓					
Total Billings Area					

Interpretation

1. This is an annual table-for the Area listing each service unit and providing the total number of woman months with distribution to oral and IUD.
2. The table also shows infertility control information by the total number of individual patients and the total number of visits.
3. Refer. to IHS Manual 4-3.1E.4f for definition of term Woman-months.

*Dependent upon identification of each individual in the Family Planning Register for IUD woman months.
Woman months for Pills could be calculated from tally.

1.0 - PATIENTS CHANGING BIRTH CONTROL METHOD BY SERVICE UNIT AND AREA

ANNUALLY TO SERVICE UNITS AND AREA OFFICE
ANNUALLY TO HEADQUARTERS, SHOWING AREA
AND IHS TOTALS

SERVICE UNIT	TOTAL CHANGE	Change From Oral To			Change From IUD To			Change From Rhythm To			Change From Other To		
		IUD	Rhythm	Other	Oral	Rhythm	Other	Oral	IUD	Other	Oral	IUD	Rhythm
Browning Surgical Sterilization													
Crow Agency Surgical Sterilization													
Billings Area Surgical Sterilization													

APPENDIX IV

Interpretation

1. These patients can only be identified from the Register System.
2. This is an annual table for the Area listing each Service Unit and providing the total number of patients changing birth control methods with distribution by change from Oral to IUD, Rhythm, or Other; change from IUD to Oral, Rhythm, or Other; change from Rhythm to Oral, IUD, or Other; change from Other to Oral, IUD, or Rhythm.
3. Number of surgical sterilizations performed will be shown by Service Unit and Area total. Includes male and female.

1. P - NUMBER OF NEW CASES IN THE AGE GROUP ACCORDING TO GRAVIDA
BY SERVICE UNIT AND AREA

ANNUALLY TO SERVICE UNITS AND AREA OFFICE, SHOWING AREA TOTALS ONLY.
ANNUALLY TO HEADQUARTERS, SHOWING AREA AND IHS TOTALS

Age Group	No. of Women	Marital Status			Number of Pregnancies Before Starting Birth Control													More than 12	Un-specified
		Married	Not Married	Unspec	0	1	2	3	4	5	6	7	8	9	10	11	12		
15-19																			
20-24																			
25-29																			
30-34																			
35-39																			
40-44																			
45+																			
Unspec																			
TOTALS																			

Interpretation

This is an annual table for the Service Unit providing the total number of new cases by age group and marital status with distribution according to the number of pregnancies before starting birth control.

1.Q - IMMUNIZATIONS GIVEN BY TYPE, FOR SPECIFIC AGE GROUPS -
EACH SERVICE UNIT, AND AREA TOTAL

SEMIANNUAL AND
CUMULATIVE ANNUAL

APPENDIX IV,

Type of Immunization and Series	TOTAL	Under 1 Year	1-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-34 Years	35-44 Years	45-64 Years	65+ Years	Unknown
<u>Tet. Toxoid</u>												
<u>DT</u>												
<u>DPT</u>												
<u>Polio</u>												
<u>Measles</u>												
<u>Rubella</u>												
<u>Smallpox</u>												
<u>Mumps</u>												
<u>Influenza</u>												

Interpretation

1. This is a semiannual and cumulative annual table showing totals for each type of immunization given by age group.

I. R - IMMUNIZATION LEVELS BY SERVICE UNIT AND ARPA*

QUARTERLY

	Immunization Level By Age						
	Under 3 Months	5 Months	7 Months	9 Months	18 Months	21 Months	24 Months
Browning	# in register	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized
Crow Agency	# in register	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized	# deficient # in register % immunized
etc. ↓	etc. ↓						
Billings Area Total							
<p><u>Interpretation</u></p> <p>1. "Number in Register" Is total number of different infants and children in the Immunization Register (based on IRS Unit Number). Will Include only those children whose "community of residence" Is shown within a specific Service Unit.</p> <p>2. "Number Deficient" and "Percent Immunized" will be calculated on the lower limits of the age groups. Infants less than three months of age will not be counted in "number deficient" or in "percent immunized".</p>							

*Dependent upon identification of each individual child born after June 30, 1970, in the Immunization Register whose age at the time of this report is two years or less.

1.3 - LISTING OF INDIVIDUALS WHOSE IMMUNIZATIONS ARE NOT CURRENT, BY SERVICE UNIT*

QUARTERLY

Indian Health Manual

(10/1/73)

IN No. 73.6

IHS Unit Number	IHS Unit Number	IHS Unit Number
	<p><u>Interpretation:</u></p> <ol style="list-style-type: none"> 1. This report provides a listing of the IHS Unit Numbers of those children less than two years of age whose immunizations are not current for their age. 2. Only those children whose "community of residence" is shown within each specific service unit will appear on the listing. 3. The <u>latest</u> record and birthdate of each child in the Immunization Register will be used to calculate immunization status. 	

APPENDIX IV

* Dependent upon identification of each individual child born after June 30, 1970 in the Immunization Register and whose age at the time of this report is two years or less.

ANNUAL

Indian Health Manual

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[illegible]

Facility

DIAGNOSTIC LISTING FOR INDIVIDUALS WITH OVER 14 VISITS

ANNUAL

IHS Unit Number	Age	Total Visits	Number of Different Diagnosis	Diagnosis	Number Times Diagnosed

IN No. 73.6

APPENDIX IV

1.U - AMBULATORY PATIENT CARE PHYSICIAN VISITS AND DIAGNOSTIC SERVICES REQUESTED
BY TIME OF WEEK DAY AND SATURDAY AND SUNDAY, EACH FACILITY, SERVICE UNIT,
AND AREA TOTAL

ANNUAL

	Total Visits	NUMBER BY TIME OF DAY						% DISTRIBUTION BY TIME OF DAY					
		8 AM- Noon	Noon -5 PM	5-10 PM	10 PM -8 AM	Sat.	Sun.	AM- Noon	Noon -5 PM	5-10 PM	10 PM -8 AM	Sat.	Sun.
PHYSICIAN VISITS													
Urinalysis													
Hematology													
Chemistry													
Bacteriology													
Serology													
Pap													
ECG													
Other													
X-Ray Chest													
X-Ray Other													

Laboratory procedures shown by time of day are the
total number of procedures requested by all
"primary providers" of health related services.

1.U - AMBULATORY PATIENT CARE PHYSICIAN VISITS, MD DIAGNOSTIC SERVICES, BY AGE GROUPS,
EACH FACILITY, SERVICE UNIT, AND AREA TOTAL

ANNUAL

	Total All Ages	0-27 Days	Over 28 Da.	1-4 Yrs.	5-9 Yrs.	10-14 Yrs.	15-24 Yrs.	25-44 Yrs.	45-64 Yrs.	65+ Yrs.	Unknown Age
PHYSICIAN VISITS											
Urinalysis											
Hematology											
Chemistry											
Bacteriology											
Serology											
Pap											
ECG											
Other											
X-Ray Chest											
X-Ray Other											

Laboratory procedures shown by age groups are the
total number of procedures requested by all
"primary providers" of health related services.

MONTHLY

FUTURE APPOINTMENTS		OVERDUE APPOINTMENTS		L O S T FRM PROPHYLAXIS OR TREATMENT		
Patient Number	Scheduled Encounter	Patient Number	Scheduled Encounter	Patfent Number	Date Last Seen	Lost Date

Interpretation

This table is dependent upon identification of each individual in the Tuberculosis Register by a unique IHS Unit Number within each Service Unit.

“Future Appointment” column will shown only those patients who have an appointment within the coming month only.

APPENDIX IV,

I.W - TUBERCULIN SKIN-TESTING RESULTS, BY AGE

ANNUAL

(1) Age	(2) Service Unit Population	(3) Tuberculin-Tested and Read		(4) Tuberculin Positive Reactors and Convertors		(5) Convertors
		(3a) Number	(3b) Percent of Population	(4a) Number	Percent of Those Tested and Read (4b)	
0 - 4						
5 - 9 (Include 6 year olds)						
6 Years (People whose date of skin-test is between 6th and 7th birthday)						
10 - 14 (Include 14 year olds)						
14 Years (People whose date of skin test is between 14th and 15th birthday)						
15 - 19						
20 - 24						
25 - 34						
35 - 44						
45 - 64						
65+						
TOTAL						

NOTE: Areas must provide to the Albuquerque Data Processing Service Center the population, by the above age groups, for each service unit, if they want column 3.b to be calculated on this report.

Indian Health Manual

(10/1/73)

IN No. 73.6

APPENDIX-IV

(10/1/73)

1.x - AMBULATORY PATIENT CARE VISITS BY TYPE OF FACILITY -
HEADQUARTERS USE ONLY

MONTHLY

Area and Type of Facility	TOTAL AMBULATORY VISITS (ALL PROVIDERS)							PHYSICIAN VISITS ONLY						
	Total	To Facility		Field Clinics		Home Visits		Total	To Facility		Field Clinics		Home Visits	
		Current Month	FY To Date	Current Month	FY To Date	Current Month	FY To Date		Current Month	FY To Date	Current Month	FY To Date	Current Month	FY To Date
All Areas Hospitals Health Centers School Health Centers Health Stations and Locations														
Aberdeen Area Hospitals Hospital A Hospital B														
Health Centers Health Center A														

APPENDIX IV,

(10/17/3)

**I. Y - AMBULATORY PATIENT CARE TOTAL OUTPATIENT VISITS BY TYPE OF FACILITY, SERVICE UNIT;
AREA AND HEADQUARTERS TOTAL - (HEADQUARTERS USE ONLY)**

MONTHLY

	Ambulatory visits*		Hospital Facilities		Health Center		Sch001 Health Center		Other Field Stations And Locations	
	Current Month	Fiscal Year To Date	Current Month	Fiscal Year To Date	Current Month	Fiscal Year To Date	Current Month	Fiscal Year To Date	Current Month	Fiscal Year To Date
Total All Areas										
Aberdeen Area										
Unspecified S. U.										
Flandreau										
Pierre										
Wahpeton										
Albuquerque Area										
Unspecified S. U.										
Albuquerque										
Mescalero										

*Includes Grouped Service.

AMBULATORY PATIENT CARE REPORT—(Continued)

1. PROBLEMS OF CLINICAL IMPRESSIONS (Mark the appropriate boxes with an "X" for the two most important conditions.)		2. DIAGNOSTIC SERVICES REQUESTED (Mark all applicable)	
1st	2nd	1st	2nd
INFECTIVE & PARASITIC DIS. 001 Measles 002 Rubella (German Measles) 003 Mumps 004 Chickenpox 013 Bacillary Dysentery (Shigellosis) 014 Gastroenteritis, Diarrhea, etc., NOS 015 Infectious Hepatitis 016 Syphilis, Prim., Sec., or Early Latent 017 Syphilis, Other 018 Gonococcal Infections 019 Other Venereal Disease 020 Ectoparasitic Infestations 021 Trachoma 022 Strep Throat (Other Notifiable Dis- See IHS Standard Code Book, Section— DIAGNOSIS)		DIS. OF DIGESTIVE SYSTEM 350 Gastritis and Duodenitis 351 Peptic Dis. of Stomach & Duodenum 352 Ing. Hernia & Hern. of Abdom. Cavity 353 Cirrhosis of Liver 354 Dis. of Gallbladder & Bile Ducts 355 Diseases of Teeth & Gums 356 Other Diseases of Mouth 357 Other Dis. of GI Tract & Perit. DIS. OF URINARY TRACT 400 Urinary Tract Inf. (Kidney & Bladder) 410 Nephritis and Nephrosis 411 Chronic Renal Failure 420 Other Dis. of Urinary System ALL DIS. MALE GENIT. (Excl. VD) DIS. OF FEMALE GENITALIA & BREAST 450 Infect. of Female Genit. (Excl. VD) 452 Disorders of Menstruation 460 Abnormal Cytology 461 Other Gynecologic Problems 470 Dis. of Breast (Excl. Puerperal)	
NEOPLASMS 070 Neoplasms, Malignant 071 Neoplasms, Benign or Unspecified ENDOCRINE & METABOLIC DIS. 080 Diabetes Mellitus 081 All Other Endocrine Disorders 082 Protein Malnutrition & Marasmus 083 Obesity, Non-Endocrine 084 Vitamin Deficiencies 085 Other Nutritional Disorders 086 Metabolic Disorders DIS. OF BLOOD & BLOOD-FORMING ORGANS 100 Iron Deficiency Anemia 101 Other Anemias 102 Oth. Dis. of Blood & Blood-Form. Org.		REG., CHILDBIRTH & THE PUERPERIUM 481 Abortion 482 Hemorrhage of Pregnancy 483 Anemia of Pregnancy 484 Urinary Tract Inf. of Preg. & Puerp. 485 Toxemia of Pregnancy 489 Inf. of Genit. Tract During Preg. 486 Other Complications of Pregnancy 487 Labor and False Labor 490 Postpartum Care 491 Complications of the Puerperium 492 Mastitis & Disorders of Lactation 495 Family Planning (Contract Use Only) DIS. OF SKIN & SUBCUTANEOUS TISSUE 500 Impetigo 501 Other Bacterial Infections of Skin 502 Infected wounds 503 Warts 504 Fungal Diseases 505 Acne 510 Eczema, Urticaria or Skin Allergy 520 Other Diseases of Skin	
MENTAL DISORDERS 120 Organic Brain Syndrome 125 Schizophrenia and Other Psychoses 130 Neuroses (anxiety, depressive, etc.) 135 Personality Disorders 140 Physical Disorders, presumably psychogenic 145 Adjustment Reaction of Adulthood 150 Drug Abuse or Dependence 159 Alcoholism, Acute or Chronic 160 Mental Retardation 170 Behavioral Disorders of Child. & Adoles. 175 Other DIS. OF NERVOUS SYSTEM 200 Inflammatory Dis. of CNS 201 Epilepsy & Convulsive Disorder 202 Other Dis. of Nervous System EYE DISEASES 209 Conjunctivitis (excluding Trachoma) 210 Refractive Error 211 Cataract 212 Glaucoma 213 Phlyct. Keratoconjunctivitis (PKC) 214 Other Inflammatory Dis. of Eye 216 Other Eye Diseases EAR DISEASES 249 External Otitis 250 Acute Otitis Media 251 Chronic Otitis Media w/o Mastoiditis 254 Hearing Loss and Deafness 255 Cholesteatoma 256 Other Diseases of Ear DIS. OF CIRCULATORY SYSTEM 280 Ischemic Heart Disease 281 Active Rheumatic Fever 282 Chronic Rheumatic Heart Disease 283 Hypertensive Disease 284 Cerebrovascular Disorders 285 Other Heart & Arterial Dis. (Ex. CNS) 286 Diseases of Veins & Lymphatics 287 Congestive Heart Fail. Etiology Unknown DIS. OF RESPIRATORY SYSTEM 300 Upper Resp. Infect., Common Cld 301 Pharyngitis & Tonsil. (Non-Strep) 302 Other Dis. of Upper Resp. Tract 303 Influenza 304 Acute Bronchitis or Bronchiolitis 305 Resp. Allergy, Asthma, & Hay Fever 306 Pneumonia 307 Chronic Bronchitis/Emphysema 310 All Other Respiratory Diseases		MUSCULOSKELETAL SYSTEM & CONNECT. TISSUE 550 Rheumatoid Arthritis 555 Osteoarthritis 560 Other Forms of Arthritis 565 Disorders of the Spine 570 Other Bone & Joint Disorders 575 Other Musculoskel. & Conn. Tis. Dis. CONGENITAL ANOMALIES 600 Heart and Great Vessels 610 Cleft Lip and Palate 620 Congenital Dislocation of Hip 630 Other Congenital Anomalies CAUSES OF PERINATAL MORB. & MORT. SYMPTOMS & ILL-DEFINED CONDITIONS 800 Precordial Pain, Palpit., or Tachy. 801 Syncope or Fainting 802 Epistaxis 803 Cough 804 Nausea and Vomiting 805 Abdominal Pain 806 Fever of Unknown Origin 807 Nervousness and Debility 808 Headache 810 All Other Symptoms 811 Observation 812 Other Ill-Defined or Unding. Dis. SUPPLEMENTAL 818 Well Child Care 819 Other Preventive Health Services 820 Hosp. Medical or Surgical Followup 821 Physical Examination 823 Tests Only (Lab., X-ray, Screening) 824 Contact/Carrier of Infect. Disease 825 Socio-Economic Problems 826 Environmental Problems 827 All Other	

0— NONE

LABORATORY

1— Urinalysis

2— Hematology

3— Chemistry

4— Bacteriology

5— Serology

6— PAP

7— K G

8— Other

X-RAY

1— Chest

2— Other

33. MINOR SURGICAL PROCEDURES
(Must be related to a problem indicated in Items 16, 26, or 31.)

YES ☐

34. DISPOSITION
(Only one box must be marked.)

1— Return by Appointment

2— Return prin

3— Admit to IHS Hospital

4— Admit to Hospital

5— Refer for OP Consultation-IHS

6— Refer for OP Consultation-Non-IHS

7— Did Not Answer

EXHIBIT 4-3.1F.2

AMBULATORY PATIENT: CARE **REPORT**
MASTER FORM

RECORD CODE 15

AREA
CODE

SERVICE
UNIT

C O D E

SERVICE
LOCATION
CODE

— —

— —

— —

DATE: MONTH DAY YEAR

— — | — — | 7 —

DAY OF WEEK: 0 N RECORD

ONE

1. SUNDAY
2. MONDAY
3. TUESDAY
4. WEDNESDAY
5. THURSDAY
6. FRIDAY
7. SATURDAY

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